

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com

Sales and Support: 913-825-6124

Invoice For

Stanley Ford - Eastland (3103)

Invoice Number:OP#-00253875 Salesperson: Phil Dixon Jr Date Created: 1/30/2013

Products

Product	Description		List Price	Sales Price	Sales Tax
Data Appending - One Time Append	Onetime appends of your customer data.	1.0	\$1,149.00	\$1,149.00	\$75.84
	Products/One One Time Sh			\$1,1	149.00 \$0.00
	One Time Sal Monthly Reco Monthly Reco Total Now D	les Tax: urring: urring Sa	nles Tax:		\$75.84 \$0.00 \$0.00 224.84
	Total Month		rring•	Ф1,2	\$0.00

^{*}Taxes are subject to state and local regulations and are subject to change

 \square Check By Fax \square One Time ACH \square One Time Credit Card Authorization

Signature

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^{*}Does not include Dealer-paid Travel Expenses related to onsite training

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 (P) 913-825-6300 (F) 617-904-1618

Payment Authorization

The undersigned customer hereby authorizes VinSolutions, LLC to charge said account on our behalf. If selecting the Check by Fax option, we authorize VinSolutions to submit all pertinent information from this check to our bank for payment as check, and we understand that we are not required to submit the check to VinSolutions.

ONE	TIME	AUTHO	RIZATION
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Account Owners Nam	ne:		VinSolutions Account Number: 3103
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00253875		Dollar Amount: \$1,224.84

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

CHECK BY FAX INFORMATION (ACTUAL CHECK		
MUST ACCOMPANY THIS FORM) DO NOT MAIL		
Bank Name:	Bank Phone:	
Name on Bank Acct:	Check Number:	
Bank Routing Number:	Checking Account Number:	

ACH (Electronic Debit)

ACH (ELECTRONIC DEBIT) (VOIDED CHECK MUST		
ACCOMPANY THIS FORM)		
Bank Name:	Bank Phone:	
Name on Bank Acct:		
Bank Routing Number:		
Checking Account Number:		

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: