

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Invoice For

Barreth Ford (5169)

Invoice Number:OP#-00217054 Salesperson: Phil Dixon Jr Date Created: 10/1/2012

Products

Product	Description	Quantity	List Price	Total Price
NADA Used Car Pricing Tool	NADA used car pricing tool	1.0	\$129.00	\$0.00
NADA used car pricing tool onetime fee	Onetime fee for NADA used car pricing	1.0	\$129.00	\$129.00
Credit - AutoTrader Family Discount	Onetime fee AutoTrader Family discount.	1.0	\$0.00	(\$129.00)
	Products/One	e Time:		\$0.00
	Monthly Rec	_		\$0.00
	One Time Sh	ipping:		\$0.00
	Sales Tax:			\$0.00
	Total Now D	ue:		\$0.00
	*Taxes are subject to	o state and local	regulations and a	re
	subject to change			
☐ Check By Fax ☐	One Time ACH	Credit Card	Authorization	on
Signature			Date	

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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.

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ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFORM	ATION			
Account Owners Name:			VinSolutions Account Number: 5169	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00217054			Dollar Amount: \$0.00	
Credit Card Payment CREDIT CARD INFORMATIO	N			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Card Number:			Expiration Date:	

Check by Fax

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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: