

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

Invoice For

Bruce Titus Tacoma Subaru (3641)

Invoice Number:OP#-00216424 Salesperson: Darin Mayville Date Created: 9/19/2012

Products

Product	Description	Quantity	Total Price
VIN Chat - Existing Customers only	VIN Click to Chat for existing customer only. Robust integration. Reports includ Chat History, Agent Performance, Chat Analysis and Chat Placement Performance reports.	e 1.0	\$59.00
VIN Chat - Existing Customers only onetime fee	Onetime fee for VIN Click to Chat.	1.0	\$59.00
*this invoice does not replace or supersec	de current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$59.00
☐ Check By Fax ☐ 0	One Time ACH	Total Due Now: e Credit Card Authorizat	\$118.00 ion
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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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 3641	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00216424	-	Dollar Amount: \$118.00	
**				

Credit Card Payment

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: