

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

Sales and Support: 913-825-6124

Invoice For

Turner Volvo (1657)

Invoice Number:OP#-00244695 Salesperson: Darin Mayville Date Created: 2/7/2013

Products

| Product | Description | Qty. | List Price | Sales Price | Sales Tax |
|----------------------|-------------|------|---------------|----------------|--------------|
| | | | | | |
| VinCamera & Software | G700 | 1.0 | \$799.00 | \$799.00 | \$63.93 |

Products/One Time: \$799.00
One Time Shipping: \$0.00
One Time Sales Tax: \$63.93
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$862.93
Total Monthly Recurring: \$0.00

*this invoice does not replace or supersede current billing

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

Signature

Copyright VinSolutions.







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

^{*}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

Authorized Name:

Authorized Signature:

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.

| ACCOUNT HOLDE | | | | |
|---|--|---------------------------------------|--|--|
| Account Owners Na | me: | | VinSolutions Account Number: 1657 | |
| Address Line 1: | | | Phone Number: | |
| Address Line 2: | | | Fax Number: | |
| City: | State: | Zip: | Email: | |
| Opportunity ID: OP# | ‡-00244695 | | Dollar Amount: \$862.93 | |
| C . 14 C . 1 D | | | | |
| Credit Card Pa | | | | |
| CREDIT CARD INF | ORMATION | | W. W IA E. N I | |
| Cardholder Name: | | | Visa Mastercard AmEx - Please circle one | |
| C 1 1 1 | | | | |
| Card Number: | | | Expiration Date: | |
| Charle by Far | | | Expiration Date: | |
| Check by Fax | | , , , , , , , , , , , , , , , , , , , | Expiration Date: | |
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Title: Date: