

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

Sales and Support: 913-825-6124

Invoice For

Red River Chevrolet (1769)

Invoice Number:OP#-00220391 Salesperson: Phil Dixon Jr Date Created: 10/8/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Customer Text Messaging - 1000 Texts	Customer Text Messaging - 1000 texts per month incoming or outgoing. In the case of overages, dealer will be invoiced for and moved to the ongoing quantity that covers usage. Unused texts are not rolled over.		1.0	\$29.00	\$29.00	\$0.00
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime	fee.	1.0	\$49.00	\$49.00	\$0.00
*this invoice does not replace or super	sede current billing	Products/Or Monthly Re One Time S Sales Tax:	currin hippir	g:		\$49.00 \$29.00 \$0.00 \$0.00
☐ Check By Fax	☐ One Time ACH	Total Now I ☐ One Time		Card Aut	horizatio	\$78.00 on
Signature				Da	te	

 $Copyright\ Vin Solutions.$







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	RIZATIO	N

ACCOUNT HOLDE	R INFORMATION				
Account Owners Name:			VinSolutions Account Number: 1769		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00220391		-	Dollar Amount: \$78.00		
	•				
Credit Card Pa CREDIT CARD INF Cardholder Name:	•		Visa Mastercard AmEx - Please circle one		

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)

Bank Phone:

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: