Invoice For

# Subaru of Puyallup (4241)

Invoice Number:OP#-00272991

Salesperson: Sarah Nugent Date Created: 4/10/2013

## Products

| Product | Description | Qty. | List Price | Sales Price | |
|---|---|---|---|---|---|
| Data Appending | Recurring appending your customer data. | 1.0 | $149.00 | $149.00 | |
| Data Appending onetime fee | Onetime fee to initially append customer data. | 1.0 | $149.00 | $149.00 | |

| | |
|---|---|
| Products/One Time: | $149.00 |
| One Time Shipping: | $0.00 |
| One Time Sales Tax: | $0.00 |
| Monthly Recurring: | $149.00 |
| **Total Now Due:** | **$298.00** |
| **Total Monthly Recurring:** | **$149.00** |

*Taxes are subject to state and local regulations and are subject to change

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

**\*this invoice does not replace or supersede current billing**

☐ Check By Fax          ☐ One Time ACH          ☐ One Time Credit Card Authorization

Signature                                                                      Date

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# Payment Authorization

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

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 AUTHORIZATION

| ACCOUNT HOLDER INFORMATION | | | |
|---|---|---|---|
| Account Owners Name: | | | VinSolutions Account Number: 4241 |
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#-00272991 | | | Dollar Amount: $298.00 |

### 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: |