

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

Sales and Support: 913-825-6124

Invoice For

Royal Chevrolet (6251)

Invoice Number:OP#-00269500 Salesperson: Jeremy Bravard Date Created: 4/24/2013

Products

Product	Description		List Price	Sales Price	
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.		\$29.00	\$25.00	
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee.	1.0	\$49.00		
	Products/One 7 One Time Ship				\$0.00 \$0.00
	One Time Sale				\$0.00
	Monthly Recur				\$25.00
	Total Now Du	e:			\$25.00
	Total Monthly	Recu i	rring:		\$25.00
	*Taxes are subject to state an	d local regulat	ions and are subject	to change	
	*Does not include Dealer-pai	d Travel Expe	nses related to onsite	training	
*this invoice does not replace or supers	sede current billing				
☐ Check By Fax ☐	☐ One Time ACH ☐ One Time	Credit	Card Auth	orizatio	n

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Signature





Date

F: 913.825.6396

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	RIZA	TION

Account Owners Name:			VinSolutions Account Number: 6251	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00269500		Dollar Amount: \$25.00	

Visa Mastercard AmEx - Please circle one

Check by Fax

Cardholder Name: Card Number:

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:	

Expiration Date:

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: