

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

Sales and Support: 913-825-6124

Invoice For

# East Hills Chrysler Jeep Dodge Ram (5817)

Invoice Number:OP#-00253641 Salesperson: Jeremy Bravard Date Created: 1/22/2013

#### **Products**

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Call Tracking - Unlimited	Call Tracking - Unlimited. Used to populate Dealer website with up to 50 phone numbers for call tracking and campaign tracking ROI reporting.	1.0	\$549.00	\$499.00	\$43.04
Call Tracking - Unlimited onetime fee	Call Tracking - Unlimited onetime fee.	1.0	\$549.00		

Products/One Time: \$0.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$499.00
Monthly Recurring Sales Tax: \$43.04
Total Now Due: \$542.04
Total Monthly Recurring: \$542.04

F: 913.825.6396

\*this invoice does not replace or supersede current billing

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

Signature

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<sup>\*</sup>Taxes are subject to state and local regulations and are subject to change

<sup>\*</sup>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**

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

ONE TIME	E <b>AUTHORIZ</b> A	TION		
ACCOUNT HOLDE	R INFORMATION			
Account Owners Nar	me:		VinSolutions Account Number: 5817	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	<del>\$</del> -00253641		Dollar Amount: \$542.04	
Credit Card Pa	ayment			
CREDIT CARD INF	FORMATION			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

#### Check by Fax

Card Number:

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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: