

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Invoice For

Cherry Creek Dodge (4199)

Invoice Number: OP#-00207568 Salesperson: Phil Dixon Jr Date Created: 7/3/2012

Products

| Product | Description | | Quantity | To Pr | |
|------------------|---|--------------|--|----------|----------------------------|
| Training Manuals | Training manuals to be shipped to dealer. | | 1.0 | | \$6.99 |
| | | | Products/On- Monthly Red One Time Sh | curring: | \$6.99 \$0.00 \$0.30 |
| | | | Total Due | Now: | \$7.29 |
| ☐ Check By Fax | ☐ One Time ACH | ☐ One Time C | Credit Card Authorization | | |
| Signature | | | Date | 2 | |

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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 | RIZATION |
|-----|------|-------------------------------|------------------------------------|
| | | / N N / H H H N | / 1 N 1 <i>/ /</i> / N 1 1 N / / · |

| ONE TIME AUTHORIZATION | | | | |
|------------------------------|-----------|------|--|--|
| ACCOUNT HOLDER IN | FORMATION | | | |
| Account Owners Name: | | | VinSolutions Account Number: 4199 | |
| Address Line 1: | | | Phone Number: | |
| Address Line 2: | | | Fax Number: | |
| City: | State: | Zip: | Email: | |
| Opportunity ID: OP#-00207568 | | | Dollar Amount: \$7.29 | |
| Coodit Cood Doron | 4 | | | |
| Credit Card Paym | | | | |
| CREDIT CARD INFORM | MATION | | | |
| Cardholder Name: | | | Visa Mastercard AmEx - Please circle one | |

Check by Fax

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: |