

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

Invoice For

Park Chrysler Jeep (3343)

Invoice Number:OP#-00222624 Salesperson: Phil Dixon Jr Date Created: 10/26/2012

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	
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee.		1.0	\$49.00	\$49.00	
*this invoice does not replace or super	rsede current billing	Products/On Monthly Re One Time S Total Now	currin hippir	g:		\$49.00 \$29.00 \$0.00 \$78.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horizatio	n
Signature				Da	te	

Copyright VinSolutions.







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 / / ·

Account Owners Nam	e:		VinSolutions Account Number: 3343
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00222624		Dollar Amount: \$78.00

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: