

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

Invoice For

Jeff Belzer's Chevrolet Dodge Kia (5413)

Invoice Number:OP#-00216808 Salesperson: Phil Dixon Jr Date Created: 9/27/2012

Products

Product	Description		Quantity	List Price	Total Price
Drivers License Scanner	Automatically uploads customer's information		3.0	\$2,997.00	\$2,385.00
Overnight Shipping	Additional freight charge for over delivery.	night	1.0	\$40.00	\$40.00
*this invoice does not replace or su	persede current billing		Products/One Monthly Rec One Time Sh	curring:	\$2,425.00 \$0.00 \$45.00
☐ Check By Fax	☐ One Time ACH ☐ One	e Time	Total Du Credit Card		\$2,470.00 on
Signature				Date	

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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	RIZA	TION

ONE TIME AUTHORIZATION			
ACCOUNT HOLDER	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 5413
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00216808		Dollar Amount: \$2,470.00
Credit Card Da			
Credit Card Payment			
CREDIT CARD INFORMATION			
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: