

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 a check, and we understand that we are not required to submit the check to VinSolutions.

VinSolutions
Make every connection count.

6405 Metcalf Ave Ste 400
Overland Park, KS 66202
(P) 913-825-6300
(F) 913-825-6396

ONE TIME AUTHORIZATION ONLY ACCOUNT HOLDER INFORMATION

Account Owner's Name:	Client ID:		
Address Line 1:	Phone Number:		
Address Line 2:	Fax Number:		
City:	State:	Zip:	Email:
Invoice No.:	Dollar Amount: \$		

CREDIT CARD PAYMENT ACCOUNT HOLDER INFORMATION

Cardholder Name:	<input type="radio"/> VISA	<input type="radio"/> MasterCard	<input type="radio"/> AMERICAN EXPRESS
Card Number	Expiration:		

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:	Bank Account Number:

ACH (ELECTRONIC DEBIT) ACH (ELECTRONIC DEBIT) (VOID CHECK MUST ACCOMPANY THIS FORM)

Bank Name:	Bank Phone:
Name on Bank Acct:	
Bank Routing Number:	Bank Account Number:

ACKNOWLEDGEMENT

Authorized Name:	Title:
Authorized Signature:	Date:

Don't
Forget
to Sign!