

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

Sales and Support: 913-825-6124

Invoice For

# Lassen Auto Center (5140)

Invoice Number:OP#-00209318 Salesperson: Sarah Nugent Date Created: 7/18/2012

#### **Products**

Product	Description		Quantity		Total Price
Buyers Guide - English500	English Buyers Guide - price	e per 500	1.0		\$149.00
*this invoice does not replace or superso	ede current billing		Products/One Monthly Rec One Time Shi	urring:	\$149.00 \$0.00 \$20.00
			Total Due	Now:	\$169.00
☐ Check By Fax ☐	One Time ACH	One Time	Credit Card Au	thorizati	on
Signature			D	ate	

 $Copyright\ Vin Solutions.$ 







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	TIN	AE A	TU A	$\Gamma$ HO	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	R INFORMATION			
Account Owners Nam	ne:		VinSolutions Account Number: 5140	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00209318		Dollar Amount: \$169.00	
Credit Card Pa	ovment			
CREDIT CARD INFO	•			
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: