

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

Invoice For

DeNooyer Chevrolet (4801)

Invoice Number:OP#-00210032 Salesperson: Carrie Bermel Date Created: 7/27/2012

Products

Product	Description		Quantity	List Price	Total Price
Standard Letter 8.5" X 11" Full Color Targeted Window Envelope	Standard Letter 8.5" X 11" Full Color Targeted Windowed Envelope.		8500.0	\$5,270.00	\$4,250.00
Postage 1st Class	Postage 1st Class.		8500.0	\$3,825.00	\$3,825.00
Capture Customer Conquest Record	Capture Customer Conquest	Record.	5000.0	\$500.00	\$0.00
*this invoice does not replace or superse	de current billing		Products/One Monthly Rec One Time Sh	curring:	\$8,075.00 \$0.00 \$0.00
			Total Du	e Now:	\$8,075.00
☐ Check By Fax ☐	One Time ACH	☐ One Time	Credit Card	Authorization	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	RIZATION
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Account Owners Nam	ne:		VinSolutions Account Number: 4801
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00210032		Dollar Amount: \$8,075.00

CREDIT CAR	RD INFORMATION	
Cardholder Na	ame:	Visa Mastercard AmEx - Please circle one
Card Number:	<u> </u>	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: