

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

Invoice For

# Vision Hyundai of Canandaigua (5067)

Invoice Number:OP#-00210174 Salesperson: Robert Bloomquist Date Created: 8/10/2012

#### **Products**

Product	Description	Quantity	Total Price
Auto Process 4 X 6 Post Card	For Auto Process setup only	822.0	\$468.54
		Products/One Time: Monthly Recurring: One Time Shipping:	\$468.54 \$0.00 \$0.00
		<b>Total Due Now:</b>	\$468.54
☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card Authorizat	ion
Signature		Date	

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	AIIT	HOF.	RIZA	TION
	<b>I</b> IIVIIV				1 1 1 7 1 7

ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5067	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00210174		Dollar Amount: \$468.54	

#### **Credit Card Payment**

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: