

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

Sales and Support: 913-825-6124

Invoice For

# **Burlington Kia** (5251)

Invoice Number:OP#-00209818 Salesperson: Darin Mayville Date Created: 7/23/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Customer Text Messaging - 1000 Texts	Customer Text Messaging - I month incoming or outgoing of overages, dealer will be in and moved to the ongoing que covers usage. Unused texts at over.	1.0	\$29.00	\$29.00	
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee.		1.0	\$49.00	\$0.00
*this invoice does not replace or supersede current billing		Products/One Time: Monthly Recurring: One Time Shipping:		\$0.00 \$29.00 \$0.00	
			Total :	<b>Due Now:</b>	\$29.00
☐ Check By Fax ☐	One Time ACH	One Time C	redit Card	Authorizatio	on
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	AUTHO	RIZATIO	N

ONE TIME AUTHORIZATION			
ACCOUNT HOLDER INFORMA	ΓΙΟΝ		
Account Owners Name:			VinSolutions Account Number: 5251
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00209818			Dollar Amount: \$29.00
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: