

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

Sales and Support: 913-825-6124

Invoice For

# Mark Mitsubishi (2957)

Invoice Number: OP#-00214683

Salesperson: Brennan Van Dyne Date Created: 8/29/2012

#### **Products**

Product	Description		Quantity	List Price	Fotal Price
Call Tracking - Unlimited	populate Dealer webs phone numbers for ca	Call Tracking - Unlimited. Used to populate Dealer website with up to 50 phone numbers for call tracking and campaign tracking ROI reporting.		\$549.00	\$549.00
Call Tracking - Unlimited onetime fee	Call Tracking - Unlin	Call Tracking - Unlimited onetime fee.		\$549.00	\$247.50
*this invoice does not replace or supe	ersede current billing		Products/O Monthly R One Time S	ecurring:	\$247.50 \$549.00 \$0.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	<b>Total D</b> Credit Card A	<b>ue Now:</b> Authorizatio	<b>\$796.50</b> n
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
		/ <b>N N</b> / <b>H H H N</b> /	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

ONE TIME AUTH	<b>IORIZA</b>	TION	
ACCOUNT HOLDER INFORMA	TION		
Account Owners Name:			VinSolutions Account Number: 2957
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00214683			Dollar Amount: \$796.50
Credit Card Payment			
CREDIT CARD INFORMATION			
Cardholder Name:			Visa Mastercard AmEx - Please circle one
Card Number:			Expiration Date:

### Check by Fax

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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)**

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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: