

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

Sales and Support: 913-825-6124

Invoice For

# Serra Toyota of Decatur (5464)

Invoice Number:OP#-00220667 Salesperson: Keith Kirby Date Created: 10/9/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinCamera & Software	VinCamera & software 12.1 Mega pixel rubberized waterproof military spec camera.		1.0	\$1,149.00	\$999.00	
Overnight Shipping	Additional freight charge for overnight delivery.		1.0	\$40.00	\$40.00	
*this invoice does not replace or s	supersede current billing	Products/On Monthly Residue Sime Sime Sime Sime Sime Sime Sime Sim	ecurrin	g:		\$1,039.00 \$0.00 \$15.00
☐ Check By Fax	Total Now Due:  Check By Fax □ One Time ACH □ One Time Credit Card Authoriz		horizatio	<b>\$1,054.00</b> on		
Signature				Da	te	

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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.

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<b>ONE TIME</b>	E AUTHORIZA	ATION		
ACCOUNT HOLDE	R INFORMATION			
Account Owners Nan	ne:		VinSolutions Account Number: 5464	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	-00220667		Dollar Amount: \$1,054.00	
Credit Card Pa				
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)**

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: