

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

Invoice For

# Helena Motors (2010)

Invoice Number:OP#-00199952 Salesperson: Sarah Nugent Date Created: 6/13/2012

#### **Products**

Product	Description		Quantity		Total Price
Email Templates - Year Long Campaign (12)	VinSolutions provi template to be used Dealer is entitled to variances of core to	ear long campaign (12). Ides one dealer branded I throughout the year. It is up to 12 different Complete depending on It is use quantity of 12.	12.0		\$2,748.00
*this invoice does not replace or supers	sede current billing	N	Products/One Monthly Reco	urring:	\$2,748.00 \$0.00 \$0.00
☐ Check By Fax ☐	One Time ACH	□ One Time (	Total Due		\$2,748.00
Signature Gold Time ACTI		□ One Time (		Date	uon

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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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ONE TIME AUTHORIZATION			
ACCOUNT HOLDE	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 2010
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00199952		Dollar Amount: \$2,748.00
Credit Card Pa	•		
CREDIT CARD INFO	ORMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

### **Check by Fax**

Card Number:

•	
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:

Expiration Date:

### **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: