

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

Sales and Support: 913-825-6124

Invoice For

## Tasca Automotive Group, Cranston (2648)

Invoice Number:OP#-00223217 Salesperson: Robert Bloomquist Date Created: 11/7/2012

## **Products**

Product	Descrip	Description		List Price	Sales Price	
Data Appending	Recurring appending your cu	Recurring appending your customer data.		\$149.00	\$149.00	
Data Appending onetime fee	Onetime fee to initially appear	nd customer data.	1.0	\$149.00	\$149.00	
*this invoice does not replace or su	persede current billing	Products/O Monthly Re One Time S <b>Total Now</b>	ecurring Shipping	; <b>:</b>		\$149.00 \$149.00 \$0.00 <b>\$298.00</b>
		*Taxes are subject to change  *Does not include  onsite training	e le Dealer-pa	id Travel Exp	enses related t	
☐ Check By Fax Signature	☐ One Time ACH	☐ One Time	Credit	Card Autl Da		1

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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	RIZATIO	N

ACCOUNT HOLDEN	RINFORMATION			
Account Owners Name: Address Line 1: Address Line 2:			VinSolutions Account Number: 2648  Phone Number:  Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00223217			Dollar Amount: \$298.00	
			Visa Mastercard AmEx - Please circle one	
Cardholder Name:			Visa Mastercard AmEx - Please circle one Expiration Date:	
Cardholder Name: Card Number:			Visa Mastercard AmEx - Please circle one Expiration Date:	
Cardholder Name: Card Number: Check by Fax	FORMATION (ACTUAL C	CHECK		
Cardholder Name:  Card Number:  Check by Fax  CHECK BY FAX INE				
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INE	FORMATION (ACTUAL C			
	FORMATION (ACTUAL C		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: