

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

Invoice For

Sunridge Nissan (4021)

Invoice Number:OP#-00197021 Salesperson: David Hudson Date Created: 5/30/2012

Products

Product	Description		Quantity	Total Price
VinCamera & Software	VinCamera & softwarubberized waterproceamera.	U 1	1.0	\$1,149.00
				Total: \$1,149.00 Shipping: \$15.00
				Invoice Total
			Total Due 2	NOW: \$1,164.00
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit Card Auth	orization
Signature			Date	e

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	TIN	AE A	LII	Γ HO	RIZA	TION

Name on Bank Acct: Bank Routing Number: Checking Account Number:

ACCOUNT HOLDER	RINFORMATION				
Account Owners Name:			VinSolutions Account Number: 4021		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00197021			Dollar Amount: \$1,164.00		
CREDIT CARD INFORMATION Cardholder Name:			Visa Mastercard AmEx - Please circle one		
Credit Card Pag	yment				
Cardholder Name:					
Card Number:			Expiration Date:		
Card Number:			Expiration Date:		
			Expiration Date:		
Check by Fax			Expiration Date:		
Check by Fax	FORMATION (ACTUAL C		Expiration Date:		
Check by Fax CHECK BY FAX INF MUST ACCOMPAN	FORMATION (ACTUAL C Y THIS FORM) DO NOT N				
Check by Fax CHECK BY FAX INF MUST ACCOMPAN Bank Name:			Bank Phone:		
Check by Fax CHECK BY FAX INF MUST ACCOMPAN Bank Name: Name on Bank Acct:	Y THIS FORM) DO NOT I		Bank Phone: Check Number:		
Check by Fax CHECK BY FAX INF MUST ACCOMPAN Bank Name: Name on Bank Acct:	Y THIS FORM) DO NOT I		Bank Phone:		
Check by Fax CHECK BY FAX INF MUST ACCOMPAN Bank Name: Name on Bank Acct: Bank Routing Numbe	Y THIS FORM) DO NOT N		Bank Phone: Check Number:		
Check by Fax CHECK BY FAX INF MUST ACCOMPAN Bank Name: Name on Bank Acct: Bank Routing Numbe ACH (Electroni	r: (c Debit)	MAIL	Bank Phone: Check Number:		
Check by Fax CHECK BY FAX INF MUST ACCOMPAN Bank Name: Name on Bank Acct: Bank Routing Numbe ACH (Electroni	THIS FORM) DO NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	MAIL	Bank Phone: Check Number:		

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: