

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

Invoice For

# **Korum Automotive Group (4097)**

Invoice Number:OP#-00222894 Salesperson: Darin Mayville Date Created: 10/30/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Web site - 5 Rotator Images	Five Rotator Web Banner In existing website.	nages updated or added to	1.0	\$499.00	\$499.00	
*this invoice does not replace or su	persede current billing	Products/Or Monthly Re One Time S	currin	g:		\$499.00 \$0.00 \$0.00
Total Now Due:  □ Check By Fax □ One Time ACH □ One Time Credit Card Authoric		horizatio	<b>\$499.00</b>			
Signature				Da	ite	

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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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<b>ONE TIME</b>	E AUTHORIZA	TION		
ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 4097	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	<i>‡</i> -00222894		Dollar Amount: \$499.00	
Credit Card Pa				
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Card Number:			Expiration Date:	

### Check by Fax

•	
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: