

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

Invoice For

# Mike Erdman Toyota (5623)

Invoice Number:OP#-00221401 Salesperson: James Campbell Date Created: 10/11/2012

### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
KnowMe Basic Plus	Third party vender - Basic Plus Krintegration. 25 toll free #s, 1000 in ring capability		ti 1.0	\$299.00	\$299.00	\$0.00
KnowMe Basic Plus onetime fee	Onetime fee for third party vender phone integration	- Basic KnowMe Plu	s 1.0	\$299.00	\$299.00	\$0.00
*this invoice does not replace or supe	rsede current billing	Products/Or Monthly Re One Time S Sales Tax:	currin hippir	g:		\$299.00 \$299.00 \$0.00 \$0.00
☐ Check By Fax [	☐ One Time ACH	Total Now : ☐ One Time		Card Aut	horizatio	<b>\$598.00</b> n
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.

ONE	TIME	AUTHO	RIZA	TION

ACCOUNT HOLDE	ER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5623 Phone Number:		
Address Line 1:					
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00221401			Dollar Amount: \$598.00		
Credit Card P			_		
			Visa Mastercard AmEx - Please circle one		

### 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: