

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

Sales and Support: 913-825-6124

Invoice For

# Courtesy Ford (3420)

Invoice Number:OP#-00198752 Salesperson: William Fowler Date Created: 6/4/2012

#### **Products**

Product	Description	Ougntity	Fotal Price
Custom Form Design	Design of custom forms	3.0	\$597.00
*this invoice does not replace or supersede current billing		Products/One Time: Monthly Recurring: One Time Shipping	\$0.00
☐ Check By Fax	☐ One Time ACH	Total Due Now:  ☐ One Time Credit Card Authorization	•
Signature		Date	

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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 Name:			VinSolutions Account Number: 3420	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	÷-00198752		Dollar Amount: \$597.00	
Credit Card Pa	ayment			
CREDIT CARD INF	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)**

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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: