

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

Sales and Support: 913-825-6124

Invoice For

## **Cannon Ford Lincoln (6151)**

Invoice Number:OP#-00277458 Salesperson: Stephen Kalnasi Date Created: 5/8/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
VinCamera & Software	G700		1.0	\$799.00		
		Products/One				\$0.00
		One Time Ship				\$0.00
		One Time Sale				\$0.00
		Monthly Recu				\$0.00
		Total Now Du	e:			\$0.00
		Total Monthly	y Recui	ring:		\$0.00
		*Taxes are subject to state an	d local regulati	ons and are subject	to change	
		*Does not include Dealer-pai	d Travel Expe	nses related to onsite	e training	
*this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norizatio	1
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 Owners Name:			VinSolutions Account Number: 6151	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00277458			Dollar Amount: \$0.00	

Visa Mastercard AmEx - Please circle one

## Check by Fax

Cardholder Name: 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)**

,	
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: