

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

Invoice For

# **Hewlett VW (4499)**

Invoice Number:OP#-00214319 Salesperson: Phil Dixon Jr Date Created: 8/21/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Custom Form Design	Design of custom forms		1.0	\$199.00	\$169.00
*this invoice does not replace or supe	Products/One Time: \$ Monthly Recurring: One Time Shipping:			\$169.00 \$0.00 \$0.00	
☐ Check By Fax	□ One Time ACH	☐ One Time C		<b>Due Now:</b> Authorization	<b>\$169.00</b>
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	RIZA	TION

ONE TIME AUTHORIZATION			
ACCOUNT HOLDER IN	FORMATION		
Account Owners Name:			VinSolutions Account Number: 4499
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-002	14319		Dollar Amount: \$169.00
Credit Card Paym			
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)**

`	
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: