

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

Sales and Support: 913-825-6124

Invoice For

# Precision Ford (5295)

Invoice Number:OP#-00210048 Salesperson: Keith Kirby Date Created: 7/30/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Drivers License Scanner	Automatically uploads information	Automatically uploads customer's information		\$999.00	\$999.00
VinCamera & Software		VinCamera & software 12.1 Mega pixel rubberized waterproof military spec camera.		\$1,149.00	\$999.00
Overnight Shipping	Additional freight charg delivery.	ge for overnight	1.0	\$40.00	\$40.00
*this invoice does not replace or su	persede current billing		Products/One Monthly Red One Time Sh	curring:	\$2,038.00 \$0.00 \$30.00
			Total Du	e Now:	\$2,068.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit Card	Authorizati	on
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.

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ONE TIME AUTHORIZATION					
ACCOUNT HOLDER	INFORMATION				
Account Owners Name	ð:	·	VinSolutions Account Number: 5295		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-0	00210048		Dollar Amount: \$2,068.00		
Credit Card Pay	ymant				
CREDIT CARD INFO	RMATION				
Cardholder Name:			Visa Mastercard AmEx - Please circle one		

### Check by Fax

Card Number:

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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: