

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

Sales and Support: 913-825-6124

Invoice For

Serra Toyota Of Decatur (5464)

Invoice Number:OP#-00223489 Salesperson: Matt Griffis Date Created: 11/16/2012

Products

Product	Description		Qty.	List Price	Sales Price	
Live Phone Calls Ala Carte	In database live phone calls for custom can Onetime setup fee applies.	npaign.	200.0	\$558.00	\$474.30	
Live Phone Calls Ala Carte onetime fee	Onetime setup fee to pull in database custo and establish call service.	mer reports	1.0	\$329.00	\$279.65	
*this invoice does not replace or supers	sede current billing Mo	oducts/On onthly Red ne Time Si	curring	; :		\$753.95 \$0.00 \$0.00
	To	otal Now 1	Due:			\$753.95
	*Ta	xes are subject	to state a	nd local regula	tions and are	
	subj	ject to change				
		es not include ite training	Dealer-pa	id Travel Exp	enses related t	0
☐ Check By Fax ☐	☐ One Time ACH ☐ C	ne Time (Credit	Card Autl	norization	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	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER			
Account Owners Nam	e:		VinSolutions Account Number: 5464
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00223489		Dollar Amount: \$753.95

Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

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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:	

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: