

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

Sales and Support: 913-825-6124

Invoice For

# **Southtowne Motors of Newnan Inc (5505)**

Invoice Number:OP#-00221537 Salesperson: Keith Kirby Date Created: 10/16/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Casative/Degion Time. Landing Dege	Design shouse for system I and inc	Paga One hour	2.0	\$228.00	\$228.00	\$22.66
Creative/Design Time - Landing Page	Design charge for custom Landing	, Page. One nour.	2.0	\$338.00	\$338.00	\$23.66
		Products/Or	ne Tim	ie.		\$338.00
*this invoice does not replace or supe	rsede current billing	Monthly Re				\$0.00
		One Time S		_		\$0.00
		Sales Tax:				\$23.66
		<b>Total Now</b>	Due:			\$361.66
☐ Check By Fax	☐ One Time ACH	$\square$ One Time	Credit	Card Aut	horizatio	n
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	RIZATIO	N

ONE TIME AUTHORIZATION				
ACCOUNT HOLDE	ER INFORMATION			
Account Owners Name: Address Line 1:			VinSolutions Account Number: 5505 Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	<b>#</b> -00221537		Dollar Amount: \$338.00	
Credit Card Pa	ayment			
CREDIT CARD INFORMATION				
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Card Number:			Expiration Date:	

### Check by Fax

•	
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: