

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

Sales and Support: 913-825-6124

Invoice For

# Motor Mile Kia (3656)

Invoice Number:OP#-00223407 Salesperson: Keith Kirby Date Created: 11/14/2012

### **Products**

Product	Descrip	Qty	List Price	l I	Sales Tax
VinCamera & Software	G700	1.	0 \$799.	00 \$799.00	\$39.95
*this invoice does not replace or	supersede current billing	Products/One Ti Monthly Recurri One Time Shipp Sales Tax: <b>Total Now Due</b> :	ng: ing:		\$799.00 \$0.00 \$0.00 \$39.95 <b>\$838.95</b>
		*Taxes are subject to stat subject to change *Does not include Dealer onsite training	e and local re		
☐ Check By Fax	☐ One Time ACH	☐ One Time Cred	it Card A	uthorization	n
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	RIZATION
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFO	ORMATION			
Account Owners Name:			VinSolutions Account Number: 3656	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00223	407		Dollar Amount: \$838.95	
Credit Card Paymer				
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: