

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

Invoice For

Dublin Nissan Buick GMC Truck (1954)

Invoice Number:OP#-00216506 Salesperson: Keith Kirby Date Created: 9/21/2012

Products

Product	Description		Quantity	Total Price
			1.0	
Website - Design Upgrade	Change web site to di	Change web site to different look and feel.		\$799.00
Web site - 5 Rotator Images	Five Rotator Web Banner Images updated or added to existing website.		\$499.00	
*this invoice does not replace or supe	ersede current billing	\mathbf{N}	roducts/One Time: Ionthly Recurring: ne Time Shipping:	\$0.00
			Total Due Now:	\$1,298.00
☐ Check By Fax	☐ One Time ACH	☐ One Time C	redit Card Authori	zation
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)RIZAT	LIUN

Phone Number: 1954 Phone Number:	•	A O . NT	
Phone Number	•	Account Owners Name:	
FHORE NUMBER:	Address Line 1:		
Fax Number:		Address Line 2:	
State: Zip: Email:	State:	City:	
#-00216506 Dollar Amount: \$1,298.00	0216506	Opportunity ID: OP#-002	
\$1.200.00		·	

Credit Card Payment

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: