

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

Invoice For

# Perry Ford of Poway (3580)

Invoice Number:OP#-00222974 Salesperson: Darin Mayville Date Created: 11/2/2012

#### **Products**

Product	Description	Qty	List Price	Sales Price	Sales Tax
Customer Text Messaging - 1000 Texts	Customer Text Messaging - 1000 texts per month incoming or outgoing. In the case of overages, dealer will be invoiced for and moved to the ongoing quantity that covers usage. Unused texts are not rolled over.		0 \$29.	00 \$29.00	
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee.	1.	0 \$49.	00 \$49.00	
*this invoice does not replace or super	sede current billing Month One T	cts/One Ti lly Recurri ime Shipp <b>Now Due</b> :	ng: ing:		\$49.00 \$29.00 \$0.00 <b>\$78.00</b>
☐ Check By Fax	One Time ACH	Time Cred	it Card A	uthorizatio	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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ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 3580	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
State:	Zip:	Email:	
Opportunity ID: OP#-00222974		Dollar Amount: \$78.00	
	State:	State: Zip:	

## **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: