

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

Invoice For

Northridge Toyota (4847)

Invoice Number:OP#-00272401 Salesperson: Sarah Nugent Date Created: 4/5/2013

Products						
Product	Description		Qty.	List Price	Sales Price	
Creative work custom - Fulfillment	Custom creative work, priced pe	r hour	1.0	\$169.00	\$169.00	
		Products/One T One Time Ship One Time Sales Monthly Recurr Total Now Duc Total Monthly	ping: s Tax: ring:	rring:	\$1	69.00 \$0.00 \$0.00 \$0.00 69.00 \$0.00
		*Taxes are subject to state and *Does not include Dealer-paid				
*this invoice does not replace or sup	ersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Auth	norization	ļ
Signature				Dat	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	RIZA	TION

ONE TIME AUTHORIZATION					
ACCOUNT HOLDER INFORMAT	ΓΙΟΝ				
Account Owners Name:			VinSolutions Account Number: 4847		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00272401			Dollar Amount: \$169.00		
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: