

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

Sales and Support: 913-825-6124

Invoice For

Cook Ford (3258)

Invoice Number:OP#-00223801 Salesperson: Keith Kirby Date Created: 11/19/2012

Products

Product	Description	Description		List Price	Sales Price	
Black Book Used Car Pricing	Black Book pricing of used cars		1.0	\$129.00	\$99.00	
Black Book used car pricing oneting	ne fee Black Book used car pricing one	time fee	1.0	\$129.00	\$99.00	
*this invoice does not replace or s	supersede current billing	Monthl One Ti	ts/One Time by Recurring me Shipping Now Due:	; :		\$99.00 \$99.00 \$0.00 \$198.00
		*Does not onsite train	include Dealer-pa	id Travel Expe	enses related	
☐ Check By Fax	□ One Time ACH	⊔ One T	ime Credit			1
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.

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ONE TIME AUTHORIZATION					
ACCOUNT HOLDE	R INFORMATION				
Account Owners Nar	ne:		VinSolutions Account Number: 3258		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#	-00223801		Dollar Amount: \$198.00		
Credit Card Pa	•				
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: