

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

Sales and Support: 913-825-6124

Invoice For

Orange Coast Chrysler Jeep Dodge Ram (5858)

Invoice Number:OP#-00254326 Salesperson: Darin Mayville Date Created: 1/24/2013

Products						
Product	Description		Qty.	List Price	Sales Price	
Custom Form Design	Design of custom forms		1.0	\$199.00	\$199.00	
		Products/One T One Time Ship One Time Sale	ping:		\$1	99.00 \$0.00 \$0.00
		Monthly Recur Total Now Du	ring:		\$1	\$0.00 \$0.00 [99.00]
		Total Monthly	Recu	rring:		\$0.00
		*Taxes are subject to state and *Does not include Dealer-paid	_			
*this invoice does not replace or su	persede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norization	l
Signature				Da	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 HOLDER	RINFORMATION			
Account Owners Name:			VinSolutions Account Number: 5858	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00254326		Dollar Amount: \$199.00	
Credit Card Pa	yment			
CREDIT CARD INFO				
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

Check by Fax

Card Number:

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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: