

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

Sales and Support: 913-825-6124

Invoice For

Mel Hambelton Ford (3765)

Invoice Number:OP#-00251433 Salesperson: Sarah Nugent Date Created: 1/22/2013

Product	Description	Qty.	List Price	Sales Price	
	Post Card 6" X 11" used for campaigns. Campaigns				
Post Card 6" X 11"	include a website banner, email template and landing page. Phone calls, hang tags and posters are extra.	1.0	\$0.56		
	Products/One 7	Cima:			\$0.00
	One Time Ship				\$0.00
	One Time Sale				\$0.00
	Monthly Recur	ring:			\$0.00
	Total Now Du	e:			\$0.00
	Total Monthly	, Rocini	rring		\$0.00

*Does not include Dealer-paid Travel Expenses related to onsite training

*this invoice does not replace or supersede current billing

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

Signature

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Products





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	RIZATION
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Account Owners Name	e:		VinSolutions Account Number: 3765	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-(00251433		Dollar Amount: \$0.00	

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: