

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

Invoice For

# **Tom Bannen Nashville (251)**

Invoice Number:OP#-00232556 Salesperson: Carrie Bermel Date Created: 12/11/2012

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
Buyers Guide - English250	English Buyers Guide - prid	ce per 250	1.0	\$89.00	\$89.00	
		Products/One Time S One Time S Monthly Re	Shipping: Sales Tax:			\$89.00 \$0.00 \$0.00 \$0.00
		Total Mont	Due:	ring:		\$89.00 \$0.00
		*Taxes are subject to st *Does not include Deal				
*this invoice does not replace o	r supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Ti	me Credit	Card Autl	norizatio	n
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.

ONE	TIME	AUTHO	RIZATION
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Name:			VinSolutions Account Number: 251	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	0232556		Dollar Amount: \$89.00	

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: