

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

Sales and Support: 913-825-6124

Invoice For

Jim Doran Chevrolet Subaru (5871)

Invoice Number:OP#-00267674 Salesperson: Darin Mayville Date Created: 3/20/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
VinCamera & Software	G700		1.0	\$799.00	\$799.00	
		Products/C			\$7	799.00
		One Time				\$0.00
			Sales Tax:			\$0.00
		Monthly R				\$0.00
		Total Nov			\$7	799.00
		Total Mon	nthly Recui	ring:		\$0.00
		*Taxes are subject to	o state and local regulati	ons and are subjec	t to change	
		*Does not include D	ealer-paid Travel Exper	nses related to onsi	te training	
*this invoice does not replace of	r supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One T	Time Credit	Card Aut	horization	ı
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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ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 5871	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00267674			Dollar Amount: \$799.00	
	•			
Credit Card Pa CREDIT CARD INF Cardholder Name:	•		Visa Mastercard AmEx - Please circle one	

Check by Fax

•					
CHECK BY FAX INFORMATION (ACTUAL CHECK	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: