

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

Sales and Support: 913-825-6124

Invoice For

# Dellen Chrysler (2196)

Invoice Number:OP#-00224079 Salesperson: Darin Mayville Date Created: 11/20/2012

Products						
Product	Description	Description		List Price	Sales Price	
Photo Overlay Redesign Fee	Onetime fee for photo overlay re	edesign.	1.0	\$69.00	\$69.00	
*this invoice does not replace o	r supersede current billing	Products/O Monthly I One Time	Recurring Shipping	<b>;:</b>		\$69.00 \$0.00 \$0.00
		*Total Nov *Taxes are sub subject to chan *Does not inclu- onsite training	ject to state a			\$ <b>69.0</b> (
☐ Check By Fax	☐ One Time ACH	☐ One Tim	e Credit	Card Autl	horization	
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 HOLDER Account Owners Nam			VinSolutions Account Number: 2196
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00224079		Dollar Amount: \$69.00
Credit Card Pa	vment		

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: