

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

Invoice For

# US Off Lease Autos (5308)

Invoice Number:OP#-00213088 Salesperson: James Campbell Date Created: 8/29/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Black Book Used Car Pricing	Black Book pricing of used cars		1.0	\$129.00	\$99.00
NADA Used Car Pricing Tool	NADA used car pricing tool		1.0	\$129.00	\$99.00
Black Book used car pricing onetime fee	Black Book used car pricing onetime fee		1.0	\$129.00	\$99.00
NADA used car pricing tool onetime fee	Onetime fee for NADA used car pricing		1.0	\$129.00	\$99.00
*this invoice does not replace or superse	ede current billing		Products/C Monthly R One Time S	decurring:	\$198.00 \$198.00 \$0.00
			Total D	oue Now:	\$396.00
☐ Check By Fax ☐	One Time ACH	☐ One Time O	Credit Card	Authorization	on
Signature				Date	

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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: 5308
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	0213088		Dollar Amount: \$396.00

Visa Mastercard AmEx - Please circle one

### Check by Fax

Cardholder Name: Card Number:

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)**

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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: