

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

Sales and Support: 913-825-6124

Invoice For

Tom Boland Ford (3453)

Invoice Number:OP#-00201985 Salesperson: Phil Dixon Jr Date Created: 6/26/2012

Products

Product	Description	Quantity	Total Price
Customer Text Messaging - 1000 Texts	Customer Text Messaging - 1000 texts per month incoming or outgoing. In the case of overages, dealer will be invoiced for and moved to the ongoing quantity that covers usage. Unused texts are not rolled over.	r 1.0	\$29.00
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee.	1.0	\$49.00
*this invoice does not replace or supers	sede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$29.00
		Total Due Now:	\$78.00
☐ Check By Fax ☐	One Time ACH ☐ One Time C	Credit Card Authorizati	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	RIZATIO	N

ONE TIM	E AUTHORIZA	TION	
ACCOUNT HOLDE	ER INFORMATION		
Account Owners Na	me:		VinSolutions Account Number: 3453
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP	#-00201985		Dollar Amount: \$78.00
Credit Card P	ayment		
CREDIT CARD INI	FORMATION		
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:	