

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

Invoice For

# Roberts Toyota (5410)

Invoice Number:OP#-00210496 Salesperson: Keith Kirby Date Created: 8/3/2012

#### **Products**

| Description   | Quantity  | Total<br>Price  |
|---|---|---|
| Design of custom forms                                      | 1.0   | \$199.00  |
| *this invoice does not replace or supersede current billing |   | \$199.00<br>\$0.00<br>\$0.00  |
| □ One Time ACH  | Total Due Now:  ☐ One Time Credit Cord Authorizat | \$199.00  |
| — — y - m- — — —  |   | IOII  |
|   | Design of custom forms                            | Design of custom forms  1.0  Products/One Time: Monthly Recurring: One Time Shipping:  Total Due Now: |

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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 / / · |

| Address Line 1:              | Phone Number:           |
|------------------------------|-------------------------|
|                              |                         |
| Address Line 2:              | Fax Number:             |
| City: State: Zip:            | Email:                  |
| Opportunity ID: OP#-00210496 | Dollar Amount: \$199.00 |

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)**

| 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:  |