

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

Invoice For

# Tri-County CDJR (5238)

Invoice Number:OP#-00210049 Salesperson: Keith Kirby Date Created: 8/3/2012

### **Products**

Product	Description		Quantity	List Price	Total Price
Drivers License Scanner	Automatically upload information	Automatically uploads customer's information		\$999.00	\$999.00
VinCamera & Software	VinCamera & softwar rubberized waterproof camera.	<b>U</b> 1	1.0	\$1,149.00	\$999.00
*this invoice does not replace or su	persede current billing		Products/On Monthly Red One Time Sh	curring:	\$1,998.00 \$0.00 \$30.00
			Total Du	e Now:	\$2,028.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	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 Nam	ne:		VinSolutions Account Number: 5238
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00210049		Dollar Amount: \$2,028.00

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: