

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

Invoice For

# Maita Toyota (5538)

Invoice Number:OP#-00223104 Salesperson: Shawn Morse Date Created: 11/6/2012

### **Products**

Product	Description	Qty. List Sales Price Price	Sales Tax
VinCamera & Software	G700	1.0 \$799.00	
*this invoice does not replace	or supersede current billing	Products/One Time: Monthly Recurring: One Time Shipping: Total Now Due:	\$0.00 \$0.00 \$0.00 <b>\$0.00</b>
□ Check By Fax	□ One Time ACH	*Taxes are subject to state and local regulations and are subject to change  *Does not include Dealer-paid Travel Expenses related onsite training  One Time Credit Card Authorizatio	to
Signature	□ One Time ACH	☐ One Time Credit Card Authorizatio	on

Copyright VinSolutions.







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 TIME AUTHORIZATION				
ACCOUNT HOLDER INFORM	ATION			
Account Owners Name: Address Line 1:			VinSolutions Account Number: 5538  Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00223104			Dollar Amount: \$0.00	
Credit Card Payment	N			
Cardholder Name			Visa Mastercard AmEx - Please circle one	

### Check by Fax

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: