

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

Invoice For

Gentry Ford Lincoln Subaru (2609)

Invoice Number:OP#-00211021 Salesperson: Carrie Bermel Date Created: 8/3/2012

Products

Product	Description	Quantity	Total Price
Auto Drogoss A.V. 6 Doct Cond	For Auto Drocess setum only	2138.0	¢1 210 66
Auto Process 4 X 6 Post Card	For Auto Process setup only		\$1,218.66
Auto Process Setup	For Auto Process setup only. Creation of Dealer's Vector Files and proofing.		\$195.00
		Products/One Time:	\$1,413.66
*this invoice does not replace or supersede current billing		Monthly Recurring:	\$0.00
r	,	One Time Shipping:	\$0.00
		Total Due Now:	\$1,413.66
☐ Check By Fax ☐	One Time ACH	One Time Credit Card Authoriza	tion
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
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ONE TIME AUTHORIZATION				
ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 2609	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	‡-00211021		Dollar Amount: \$1,413.66	
Credit Card Pa	ayment			
CREDIT CARD INF	ORMATION			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Card Number:			Expiration Date:	

Check by Fax

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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: