

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#-00209863 Salesperson: Carrie Bermel Date Created: 7/25/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Email Templates - Year Long Campaign (12)	Email Template year long VinSolutions provides on template to be used throu Dealer is entitled to up to variances of core templat campaign needs. Must us	he dealer branded ghout the year. 12 different e depending on	18.0	\$4,122.00	\$2,250.00
*this invoice does not replace or supersede current billing		N	roducts/One Ionthly Rec ne Time Sh	curring:	\$2,250.00 \$0.00 \$0.00
			Total Du	e Now:	\$2,250.00
☐ Check By Fax ☐	One Time ACH	☐ One Time C	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.

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ACCOUNT HOLDER INFORMATION				
		VinSolutions Account Number: 2609		
		Phone Number:		
		Fax Number:		
City: State: Zip:		Email:		
09863		Dollar Amount: \$2,250.00		
	State:	State: Zip:		

## **Credit Card Payment**

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: