

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

Invoice For

Randy Hiley Mazda VW of Arlington (2926)

Invoice Number:OP#-00209063 Salesperson: Jennifer Barnhart Date Created: 7/13/2012

Products

Product	Description	Quantity	Total Price
Overnight Shipping	Additional freight charge for delivery.	overnight 1.0	\$40.00
*this invoice does not replace or super	sede current billing	Products/One Tim Monthly Recurrin One Time Shippin	g: \$0.00
		Total Due Now	*: \$40.00
☐ Check By Fax ☐	One Time ACH	One Time Credit Card Authoriza	ation
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	RIZA	TION

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ACCOUNT HOLDER	INFORMATION		
Account Owners Nam	e:		VinSolutions Account Number: 2926
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00209063		Dollar Amount: \$40.00
Credit Card Par	vment		

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: