

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com

Sales and Support: 913-825-6124

Invoice For

Classic Southeast Texas (4976)

Invoice Number:OP#-00222990 Salesperson: Jennifer Barnhart Date Created: 11/1/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Data Appending	Recurring appending your cu	Recurring appending your customer data.		\$149.00	\$149.00	\$9.84
Data Appending onetime fee	Onetime fee to initially appea	nd customer data.	1.0	\$149.00	\$149.00	\$9.84
		Products/Or				\$149.00 \$149.00
*this invoice does not replace or supersede current billing		Monthly Re One Time S		_		\$149.00
		Sales Tax:	шррп	15.		\$19.68
		Total Now	Due:			\$317.68
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Aut	horizatio	n
Signature				Da	te	

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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	DRIZAT	LIUN

ACCOUNT HOLDER INFORMATION				
Account Owners Name:		VinSolutions Account Number: 4976		
Address Line 1:		Phone Number:		
Address Line 2:		Fax Number:		
State:	Zip:	Email:		
Opportunity ID: OP#-00222990		Dollar Amount: \$317.68		
	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: