

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

Invoice For

North Valley Volkswagen (4667)

Invoice Number:OP#-00282720 Salesperson: Sarah Nugent Date Created: 6/5/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
Email Template	Dealer Branded email temp	late from our library.	1.0	\$329.00	\$329.00	
		Products/One Tone Time Ship One Time Sale Monthly Recur Total Now Dutotal Monthly *Taxes are subject to state and	ping: s Tax: ring: e: Recu		\$3	\$29.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
		*Does not include Dealer-paid				
*this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Auth	norization	l
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	RIZA	TION

ONE TIME AUTHORIZATION					
ACCOUNT HOLDER INFORMA	ATION				
Account Owners Name:			VinSolutions Account Number: 4667		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00282720			Dollar Amount: \$329.00		
Credit Card Payment CREDIT CARD INFORMATION	1				
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: