

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

Invoice For

Northridge Toyota (4847)

Invoice Number:OP#-00212124 Salesperson: Sarah Nugent Date Created: 8/9/2012

Products

Product	Description		Quantity		Total Price
Email Templates - Year Long Campaign (12)	VinSolutions prov template to be use Dealer is entitled to variances of core to	ear long campaign (12). ides one dealer branded d throughout the year. to up to 12 different template depending on Must use quantity of 12.	12.0		\$2,748.00
*this invoice does not replace or super	sede current billing	N	roducts/One Monthly Rec	urring:	\$2,748.00 \$0.00 \$0.00
			Total Due	e Now:	\$2,748.00
☐ Check By Fax	One Time ACH	☐ One Time C	Credit Card A	Authorizati	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.

ONE	TIME	AIIT	HOF.	RIZA	TION
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Account Owners Name:			VinSolutions Account Number: 4847
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00)212124		Dollar Amount: \$2,748.00

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: