

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

Invoice For

# Skyline Mitsubishi (4207)

Invoice Number:OP#-00207577 Salesperson: Phil Dixon Jr Date Created: 7/3/2012

### **Products**

Product	Description		Quantity	To Pr	
Training Manuals	Training manuals to be shipped to dealer.		1.0		\$6.99
			Products/On- Monthly Red One Time Sh	curring:	\$6.99 \$0.00 \$0.30
			Total Due	Now:	\$7.29
☐ Check By Fax	☐ One Time ACH	☐ One Time C	Credit Card Authorization		
Signature			Date	2	

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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	HOR	<b>17.</b> A	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER IN	NFORMATION			
Account Owners Name:			VinSolutions Account Number: 4207	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00	207577		Dollar Amount: \$7.29	
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)**

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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: