

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

Sales and Support: 913-825-6124

Invoice For

## **Brandon Dodge on Broadway (4205)**

Invoice Number:OP#-00222640 Salesperson: Sarah Nugent Date Created: 11/13/2012

### **Products** List Sales **Product Description** Qty. **Price Price** Dealer Branded email template from our library. **Email Template** 1.0 \$329.00 \$329.00 Products/One Time: \$329.00 Monthly Recurring: \$0.00 \*this invoice does not replace or supersede current billing One Time Shipping: \$0.00 **Total Now Due:** \$329.00 \*Taxes are subject to state and local regulations and are subject to change \*Does not include Dealer-paid Travel Expenses related to onsite training ☐ One Time ACH ☐ Check By Fax ☐ One Time Credit Card Authorization 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	RIZATION
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Account Owners Name:			VinSolutions Account Number: 4205
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00222640			Dollar Amount: \$329.00

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:		