

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

Invoice For

# Fallon Auto Mall (5472)

Invoice Number:OP#-00214535 Salesperson: David Hudson Date Created: 8/24/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
	Automatically uploads cus	tomer's	1.0		
Drivers License Scanner	information	• •		\$999.00	\$799.00
VinCamera & Software	G700		1.0	\$799.00	\$671.00
*this invoice does not replace or sup	nacada aumant billing		Products/One Monthly Rec		\$1,470.00 \$0.00
tins invoice does not replace of supe		One Time Shipping:		\$30.00	
			Total Du	e Now:	\$1,500.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit Card	Authorizatio	on
Signature				Date	

Copyright VinSolutions.







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	TIN	AE A	TU A	$\Gamma$ HO	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER IN	FORMATION			
Account Owners Name:			VinSolutions Account Number: 5472	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-002	14535		Dollar Amount: \$1,500.00	
Credit Card Paym				
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: