

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

Sales and Support: 913-825-6124

Invoice For

# **Concord Chevrolet (4998)**

Invoice Number:OP#-00209798 Salesperson: David Hudson Date Created: 7/20/2012

#### **Products**

Product	Description	Quantity	Total Price
Drivers License Scanner	Automatically uploads customer's information	1.0	\$999.00
Overnight Shipping	Additional freight charge for overnig delivery.	tht 1.0	\$40.00
		Products/One Time:	\$1,039.00
*this invoice does not replace or supe	rsede current billing	Monthly Recurring:	\$0.00
	g	One Time Shipping:	\$15.00
		<b>Total Due Now:</b>	\$1,054.00
☐ Check By Fax	☐ One Time ACH ☐ One T	ime Credit Card Authoriza	tion
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
	# # I V # # 2		

OTE THE HE HIGHENTION				
ACCOUNT HOLDER INFORMATION				
Account Owners Nam	ne:		VinSolutions Account Number: 4998	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00209798		Dollar Amount: \$1,054.00	

### **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: