

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

Sales and Support: 913-825-6124

Invoice For

# Capitol Hyundai (4600)

Invoice Number:OP#-00223239 Salesperson: Darin Mayville Date Created: 11/14/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	
Customer Text Messaging - 1000 Texts	Customer Text Messaging - 1000 texts per month incoming or outgoing. In the case of overages, dealer will be invoiced for and moved to the ongoing quantity that covers usage. Unused texts are not rolled over.			\$29.00	\$29.00	
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fe	<b>2</b> .	1.0	\$49.00	\$49.00	
*this invoice does not replace or super	sede current billing	Products/On Monthly Red One Time S	curring hippin	g:		\$49.00 \$29.00 \$0.00
□ Check By Fax	□ One Time ACH	*Total Now ]  *Taxes are subject subject to change  *Does not include onsite training  One Time (	to state a	aid Travel Expo	enses related to	
Signature E			Cicuit	Dar Dar		1

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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.

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ONE TIME AUTHORIZATION					
ACCOUNT HOLDER I	NFORMATION				
Account Owners Name:			VinSolutions Account Number: 4600		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00	0223239		Dollar Amount: \$78.00		
Credit Card Payı					
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: