

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

Sales and Support: 913-825-6124

Invoice For

# Texas Auto (2974)

Invoice Number: OP#-00223248

Salesperson: Jennifer Barnhart Date Created: 11/8/2012

#### **Products**

Product	Descrip	Description		List Price	Sales Price	Sales Tax
Call Tracking - 1000 Minutes Local	Call Tracking - 1000 inbound minutes per month using local phone numbers for Dealer's specific campaign.		1.0	\$69.00	\$69.00	\$4.55
*this invoice does not replace or su	persede current billing	Products/On Monthly Re One Time S Sales Tax: <b>Total Now</b>	curring hippin	<b>y:</b>		\$0.00 \$69.00 \$0.00 \$4.55
□ Check By Fax	☐ One Time ACH	*Taxes are subject subject to change *Does not include onsite training   ☐ One Time	t to state a	aid Travel Expe	enses related t	0
Signature				Dat	te	

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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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ACCOUNT HOLDER INFORMATION				
Account Owners Name:		VinSolutions Account Number: 2974		
Address Line 1:		Phone Number:		
Address Line 2:		Fax Number:		
State:	Zip:	Email:		
23248		Dollar Amount: \$73.55		
	State:	State: Zip:		

#### **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: