

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

Sales and Support: 913-825-6124

Invoice For

# Ray Skillman Shadeland Kia & Mitsubishi (4139)

Invoice Number:OP#-00217197 Salesperson: Darin Mayville Date Created: 10/4/2012

#### **Products**

Product	Description		Quantity	Total 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	
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Mes	saging onetime fee.	1.0	\$49.00
*this invoice does not replace or supersede current billing		Monthly Reco One Time Sh Sales Tax: Total Now D	Products/One Time: Monthly Recurring; One Time Shipping: Sales Tax: Total Now Due: *Taxes are subject to state and local regulations and	
☐ Check By Fax	□ One Time ACH	subject to change ☐ One Time C	redit Card A	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.

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ONE TIME AUTHORIZATION				
ACCOUNT HOLDE	R INFORMATION			
Account Owners Nan	ne:		VinSolutions Account Number: 4139	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	-00217197		Dollar Amount: \$80.03	
Credit Card Pa				
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Card Number:	_	_	Expiration Date:	

### Check by Fax

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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)**

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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: