

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

Sales and Support: 913-825-6124

Invoice For

# **Airstream Adventures Northwest (4455)**

Invoice Number:OP#-00217060 Salesperson: Sarah Nugent Date Created: 10/1/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Call Tracking - 10,000 Minutes Local	Call Tracking - 10,000 inbound minutes per month using local phone numbers. Used to populate Dealer website with up to 20 local phone numbers for call tracking and campaign tracking ROI reporting.		1.0	\$179.00	\$159.00
Call Tracking - 10,000 Minutes Local onetime fee	Call Tracking - 10,000 Minut onetime fee.	es Local	1.0	\$179.00	\$159.00
*this invoice does not replace or superse	de current billing	Products/One Monthly Rec One Time Sh  Total Now D	urring; ipping: <b>Due:</b>		\$159.00 \$159.00 \$0.00 <b>\$318.00</b>
$\Box$ Check By Fax $\Box$	One Time ACH	One Time C	credit Card	Authorizatio	on
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
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ONE TIME AUTHORIZATION			
ACCOUNT HOLDE	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 4455
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00217060		Dollar Amount: \$318.00
Credit Card Pa	yment		
CREDIT CARD INFO			
	ORMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

#### Check by Fax

Card Number:

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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:

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: