

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Invoice For

# Transitowne Chrysler Dodge Jeep of West Seneca (5055)

Invoice Number: OP#-00222616

Salesperson: Robert Bloomquist Date Created: 10/25/2012

### **Products**

Froducts						
Product	Description		Qty.	List Price	Sales Price	Sales Tax
Email Template	Dealer Branded email templat	e from our library.	1.0	\$319.00	319.00	
		Products/O	ne Tin	ne:		\$319.00
*this invoice does not replace or su	persede current billing	Monthly Ro	ecurrin	ıg:		\$0.00
		One Time S	Shippii	ng:		\$0.00
		<b>Total Now</b>	Due:			\$319.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credi	t Card Au	thorizatio	n
Signature				D	ate	

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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
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Nam	<b>:</b> :		VinSolutions Account Number: 5055
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	00222616		Dollar Amount: \$319.00

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: