

Invoice For

**Leif Johnson Ford (4253)**

Invoice Number: OP#-00192845

Salesperson: Jennifer Barnhart Date Created: 5/16/2012

**Products**

Product	Description	Quantity	List Price	Total Price
Email Template	Custom email template.	1.0	\$279.00	\$0.00

**Total: \$0.00**

Shipping: \$0.00

**Invoice Total****Total Due NOW: \$0.00**☐ Check By Fax☐ One Time ACH☐ One Time Credit Card Authorization

Signature

Date

*Copyright VinSolutions.***CONTRACTS****HASSLES****SERVICES**

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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name: David White			Client ID: 4253
Address Line 1: 501 E Koenig Ln			Phone Number: (512) 454-3711
Address Line 2:			Fax Number: (512) 323-9200
City: Austin	State: TX	Zip: 78751	Email: david.white@vinsolutions.com
Opportunity ID: OP#-00192845			Dollar Amount: \$0.00

### 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: