

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

Sales and Support: 913-825-6124

Invoice For

Tacoma Nissan (4809)

Invoice Number: OP#-00222089 Salesperson: Darin Mayville Date Created: 10/22/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
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.		1.0	\$29.00	\$29.00	\$2.76
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetim	e fee.	1.0	\$49.00	\$49.00	\$4.66
*this invoice does not replace or super	rsede current billing	Products/On Monthly Re One Time S Sales Tax:	currin hippir	g:		\$49.00 \$29.00 \$0.00 \$7.42
☐ Check By Fax	☐ One Time ACH	Total Now I □ One Time		Card Aut	horizatio	\$85.42 on
Signature				Da	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.

ONE	TIME	AUTHO	RIZA	TION

ACCOUNT HOLDE	R INFORMATION				
Account Owners Name:			VinSolutions Account Number: 4809		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00222089			Dollar Amount: \$78.00		
	•				
	· ·				
Credit Card Pa CREDIT CARD INF Cardholder Name:	· ·		Visa Mastercard AmEx - Please circle one		

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: