

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

Invoice For

# **McCarty Motors (4714)**

Invoice Number:OP#-00230383 Salesperson: Jeremy Bravard Date Created: 11/29/2012

#### **Products** List **Sales Product Description** Qty. **Price Price** VinCamera & Software G700 1.0 \$799.00 \$799.00 Products/One Time: \$799.00 One Time Shipping: \$0.00 One Time Sales Tax: \$0.00 Monthly Recurring: \$0.00 **Total Now Due:** \$799.00 **Total Monthly Recurring:** \$0.00 \*Taxes are subject to state and local regulations and are subject to change \*Does not include Dealer-paid Travel Expenses related to onsite training \*this invoice does not replace or supersede current billing ☐ One Time ACH ☐ One Time Credit Card Authorization ☐ Check By Fax 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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ACCOUNT HOLDER INFORMATION				
Account Owners Name:		VinSolutions Account Number: 4714		
Address Line 1:		Phone Number:		
		Fax Number:		
State:	Zip:	Email:		
33		Dollar Amount: \$799.00		
	T.	State: Zip:		

## **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: