

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

Sales and Support: 913-825-6124

Invoice For

Jeff Wyler Automotive Family (3260)

Invoice Number: OP#-00258415

Salesperson: Robert Bloomquist Date Created: 2/15/2013

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Product	Descri	Description		List Price	Sales Price	Sales Tax
Email Template - Custom	Custom email template for a hours of creative work.	campaigns. Up to 2 billable	1.0	\$649.00	\$649.00	\$42.19
		Products/One T One Time Ship			\$6	549.00 \$0.00
		One Time Sales				\$0.00 \$42.19
		Monthly Recur				\$0.00
		Monthly Recurr	ring Sa	les Tax:		\$0.00
		Total Now Due			\$0	591.19
		Total Monthly	Recur	ring:		\$0.00
		*Taxes are subject to state and	local regulati	ons and are subject	to change	
		*Does not include Dealer-paid	Travel Expen	ses related to onsite	e training	
this invoice does not replace or s	upersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit	Card Auth	norization	l

Copyright VinSolutions.



Signature





Date

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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ACCOUNT HOLDER				
Account Owners Name:			VinSolutions Account Number: 3260	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00258415		Dollar Amount: \$691.19	
Credit Card Pa	vment			

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: