

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

Invoice For

Suntrup Hyundai (2464)

Invoice Number:OP#-00244919 Salesperson: Phil Dixon Jr Date Created: 1/9/2013

Products						
Product	Description		Qty.	List Price	Sales Price	
Custom Form Design	Design of custom forms		1.0	\$199.00	\$169.00	
		Products/One T One Time Ship One Time Sale: Monthly Recur Total Now Due Total Monthly	ping: s Tax: ring: e:	rring:	·	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
		*Taxes are subject to state and *Does not include Dealer-paid				
*this invoice does not replace or sup	persede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norization	l
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

ONE TIME AUTHORIZATION			
ACCOUNT HOLDER	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 2464
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00244919		Dollar Amount: \$169.00
Credit Card Payment			
CREDIT CARD INFO	ORMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

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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:

Expiration Date:

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: