

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

Sales and Support: 913-825-6124

Invoice For

Dellen GM (2197)

Invoice Number:OP#-00224077 Salesperson: Darin Mayville Date Created: 11/20/2012

Products List Sales **Product Description** Qty. **Price Price** Photo Overlay Redesign Fee Onetime fee for photo overlay redesign. 1.0 \$69.00 \$69.00 Products/One Time: \$69.00 Monthly Recurring: \$0.00 *this invoice does not replace or supersede current billing One Time Shipping: \$0.00 **Total Now Due:** \$69.00 *Taxes are subject to state and local regulations and are subject to change *Does not include Dealer-paid Travel Expenses related to onsite training ☐ One Time ACH ☐ Check By Fax ☐ One Time Credit Card Authorization 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.

ONE	TIME	AUTHO	RIZATION
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ONE TIME AUTHORIZATION							
ACCOUNT HOLDE	R INFORMATION						
Account Owners Name:			VinSolutions Account Number: 2197				
Address Line 1:			Phone Number:				
Address Line 2:			Fax Number:				
City:	State:	Zip:	Email:				
Opportunity ID: OP#-00224077			Dollar Amount: \$69.00				
Credit Card Pa							
Cardholder Name:			Visa Mastercard AmEx - Please circle one				
Card Number:			Expiration Date:				

Check by Fax

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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:			

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:			