

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

Sales and Support: 913-825-6124

Invoice For

Wilsonville Toyota-Scion (4373)

Invoice Number:OP#-00268852 Salesperson: Darin Mayville Date Created: 4/2/2013

Products						
Product	Descri	Description		List Price	Sales Price	
Website - Design Upgrade	Change web site to differen	t look and feel.	1.0	\$799.00	\$699.00	
		Products/One Tone Time Ship One Time Sale Monthly Recur	ping: s Tax: ring:		·	\$99.00 \$0.00 \$0.00 \$0.00
		*Taxes are subject to state and *Does not include Dealer-paid	local regulat	ions and are subject		\$0.00
*this invoice does not replace or s	supersede 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	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 4373	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City: State: Zip:		Zip:	Email:	
Opportunity ID: OP#-002	68852		Dollar Amount: \$699.00	

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: