

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

Sales and Support: 913-825-6124

Invoice For

## **Toyota of Bristol (5582)**

Invoice Number:OP#-00223742 Salesperson: Keith Kirby Date Created: 11/19/2012

Products						
Product	Descrip	otion	Qty.	List Price	Sales Price	
Drivers License Scanner	Automatically uploads custon	mer's information	2.0	\$1,998.00	\$1,998.00	
		Monthly	One Time Recurring Shipping	<b>;</b> :		\$1,998.00 \$0.00 \$0.00
		Total No		5.		\$1,998.00
		*Taxes are su	bject to state a	nd local regula	ations and are	•
		subject to cha	•			
		*Does not inc to onsite train	elude Dealer-pa	id Travel Exp	enses related	
☐ Check By Fax	☐ One Time ACH	☐ One Tir	•	Card Aut	horizatio	n
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	RIZATION
		/ <b>N N</b> / <b>H H H N</b> /	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Name:			VinSolutions Account Number: 5582	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00223742		Dollar Amount: \$1,998.00	
11 3			Donal Amount. \$1,776.00	
Cradit Card Day	vment			
Credit Card Pay	ymicm			

Visa Mastercard AmEx - Please circle one

## Check by Fax

Cardholder Name:

Card Number:

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: