

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

Sales and Support: 913-825-6124

Invoice For

Diepholz Auto Group (3505)

Invoice Number:OP#-00212524 Salesperson: Carrie Bermel Date Created: 8/14/2012

Products

Product	Description	Quantity	Total Price
Standard Letter 8.5" X 11" Full Color Targeted Window	Standard Letter 8.5" X 11" Full Color Targeted Windowed Envelope.	r 419.0	\$259.78
Envelope Postage 1st Class	Postage 1st Class.	419.0	\$188.55
*this invoice does not replace or superse	Products/One Time: Monthly Recurring: One Time Shipping:	\$448.33 \$0.00 \$0.00	
☐ Check By Fax ☐	One Time ACH	Total Due Now: ime Credit Card Authorizati	\$448.33
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.

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ONE TIME AUTHORIZATION			
ACCOUNT HOLDER IN	FORMATION		
Account Owners Name:			VinSolutions Account Number: 3505
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-002	12524		Dollar Amount: \$448.33
Credit Card Paym			
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)

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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: