

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

Sales and Support: 913-825-6124

Invoice For

Manchester Honda (5165)

Invoice Number:OP#-00200336 Salesperson: Darin Mayville Date Created: 6/14/2012

Products

Product	Description		Quantity	List Price	Total Price
Custom Form Design	Design of custom forms		2.0	\$398.00	\$198.00
*this invoice does not replace or sup	Products/One Time: Monthly Recurring: One Time Shipping:			\$198.00 \$0.00 \$0.00	
☐ Check By Fax	□ One Time ACH	□ One Time C		Oue Now:	\$198.00
Signature	LI Olle Tillie ACT	□ One Time C	icuit Catu	Date	OII

Copyright VinSolutions.







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	TIN	AE A	LII	Γ HO	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	R INFORMATION			
Account Owners Nan	ne:		VinSolutions Account Number: 5165	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	-00200336		Dollar Amount: \$198.00	
Credit Card Pa	ayment			
CREDIT CARD INFO	·			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

Check by Fax

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: