

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

#### Invoice For

# Infiniti of Omaha (5612)

Invoice Number:OP#-00230374 Salesperson: Phil Dixon Jr Date Created: 11/28/2012

Products						
Product	Descrip	Description		List Price	Sales Price	
Custom Form Design	Design of custom forms		1.0	\$199.00	\$199.00	
		Products/One T One Time Ship One Time Sale	ping:		\$1	99.00 \$0.00 \$0.00
		Monthly Recur Total Now Du	ring:		\$1	\$0.00 \$0.00 [ <b>99.00</b> ]
		<b>Total Monthly</b>	Recu	rring:		\$0.00
		*Taxes are subject to state and *Does not include Dealer-paid	_			
*this invoice does not replace or su	persede 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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5612	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	ity: State: Zip:		Email:	
Opportunity ID: OP#-002	230374		Dollar Amount: \$199.00	

## **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: