

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

Sales and Support: 913-825-6124

Invoice For

Ray Skillman Ford & Southside Hyundai (4136)

Invoice Number:OP#-00217194 Salesperson: Darin Mayville Date Created: 10/4/2012

Products

Product	Description		Quantity	Tota Pric	
Customer Text Messaging - 1000 Texts	month incoming of overages, deale and moved to the	Customer Text Messaging - 1000 texts per month incoming or outgoing. In the case of overages, dealer will be invoiced for and moved to the ongoing quantity that covers usage. Unused texts are not rolled over.			\$29.00
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Mo	essaging onetime fee.	1.0	9	\$49.00
*this invoice does not replace or supe	rsede current billing	Products/One Monthly Rect One Time Shi Sales Tax: Total Now D	urring; ipping: ue:		\$49.00 \$29.00 \$0.00 \$2.03 \$80.03
☐ Check By Fax	☐ One Time ACH	subject to change One Time C	redit Card	Authorization	
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.

ONE	TIME	AUTHO	RIZA	TION

Account Owners Nam	ie:		VinSolutions Account Number: 4136
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00217194		Dollar Amount: \$80.03

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: