

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

Sales and Support: 913-825-6124

Invoice For

Bob Poynter Chrysler Dodge Jeep Hyundai (4044)

Invoice Number:OP#-00223314 Salesperson: Carrie Bermel Date Created: 11/9/2012

Products List Sales Sales **Product Description** Qty. **Price Price** Tax Buyers Guide - English500 English Buyers Guide - price per 500 1.0 \$149.00 \$149.00 \$10.43 Products/One Time: \$149.00 Monthly Recurring: \$0.00 *this invoice does not replace or supersede current billing One Time Shipping: \$0.00 Sales Tax: \$10.43 **Total Now Due:** \$159.43 *Taxes are subject to state and local regulations and are subject to change *Does not include Dealer-paid Travel Expenses related to ☐ One Time ACH ☐ Check By Fax ☐ One Time Credit Card Authorization

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Signature





Date

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	DRIZAT	LIUN

ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 4044	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00223314	·	Dollar Amount: \$159.43	
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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: