

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

Sales and Support: 913-825-6124

Invoice For

# Rairdon Chrysler Dodge Jeep of Kirkland (5197)

Invoice Number:OP#-00222970 Salesperson: Bobby Roberts Date Created: 11/1/2012

#### **Products**

Troudets						
Product	Description		Qty.	List Price	Sales Price	Sales Tax
Website - Design Upgrade	Change web site to different	look and feel.	1.0	\$799.00	\$645.00	
	·					
		Products/Or	ne Tin	ne:		\$645.00
*this invoice does not replace or sup	persede current billing	Monthly Re	currin	ıg:		\$0.00
		One Time S	hippii	ng:		\$0.00
		<b>Total Now</b>	Due:			\$645.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credi	t Card Aut	horizatio	n
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.

ONE	TIME	AUTHO	RIZATION
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ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	RINFORMATION			
Account Owners Name:			VinSolutions Account Number: 5197	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00222970		Dollar Amount: \$645.00	
Credit Card Pag	yment			
CREDIT CARD INFO	ORMATION			
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)**

,	
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: