

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

Sales and Support: 913-825-6124

Invoice For

Parks Chevrolet (5271)

Invoice Number:OP#-00232479 Salesperson: Sarah Nugent Date Created: 12/11/2012

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
Data Appending - One Time Appen	nd Onetime appends of your co	ustomer data.	1.0	\$1,149.00	\$1,000.00	
		Products/C			\$1,0	00.00
		One Time				\$0.00
		One Time Monthly R				\$0.00 \$0.00
		Total Nov			\$1.0	00.00
			nthly Recuri	ring:	+ -,	\$0.00
		*Taxes are subject to	state and local regulation	ns and are subject	to change	
		*Does not include De	ealer-paid Travel Expense	es related to onsit	e training	
*this invoice does not replace or s	upersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One T	ime Credit C	Card Autl	horization	1
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	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5271	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00232479			Dollar Amount: \$1,000.00	

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: