

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

Sales and Support: 913-825-6124

Invoice For

# Midway Motors McPherson (2450)

Invoice Number:OP#-00222947 Salesperson: Phil Dixon Jr Date Created: 11/9/2012

### **Products**

Product	Description		Qty.	List Price	Sales Price	
Data Appending	Recurring appending your customer data.		1.0	\$149.00	\$149.00	
Data Appending onetime fee Credit - AutoTrader Family Discount	Onetime fee to initially app Onetime fee AutoTrader Fa		1.0 1.0	\$149.00	\$149.00 (\$149.00)	
*this invoice does not replace or supe	rsede current billing	Products/0 Monthly I One Time <b>Total No</b>	Recurring Shippin	<b>y:</b>		\$0.00 \$149.00 \$0.00 <b>\$149.00</b>
		*Taxes are sub subject to chan *Does not incl onsite training	ge			О
☐ Check By Fax	☐ One Time ACH	☐ One Tim	e Credit	Card Aut	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	AUTHO	RIZATION
		/ <b>N N</b> / <b>H H H N</b> /	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Nam	e:		VinSolutions Account Number: 2450	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00222947		Dollar Amount: \$149.00	

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: