

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Invoice For

# Palm Automotive (5348)

Invoice Number:OP#-00217179
Salesperson: Keith Kirby Date Created: 12/11/2012

Products						
Product	Descrip	Description		List Price	Sales Price	
Custom Form Design	Design of custom forms		1.0	\$199.00	\$199.00	
		Products/One One Time Shi One Time Salo Monthly Recu <b>Total Now D</b> i	pping: es Tax: rring:			\$0.00 \$0.00 \$0.00 \$0.00
		Total Monthl  *Taxes are subject to state at	nd local regulat	ions and are subject		\$0.00
*this invoice does not replace or	supersede current billing	*Does not include Dealer-pa	id Travel Expe	nses related to onsit	e training	
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horization	l
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	RIZA	TION

Account Owners Name	:		VinSolutions Account Number: 5348	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	0217179		Dollar Amount: \$199.00	

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: