

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

Sales and Support: 913-825-6124

Invoice For

# Palm Chevrolet & Palm Kia (5348)

Invoice Number:OP#-00216203 Salesperson: Keith Kirby Date Created: 9/13/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Photo Overlay	Photo overlay display - mon	Photo overlay display - monthly		\$398.00	\$0.00
Custom Form Design	Design of custom forms		3.0	\$597.00	\$597.00
Photo Overlay Onetime Fee	Onetime fee for photo overla	ny	2.0	\$398.00	\$200.00
*this invoice does not replace or supersede current billing			Products/One Time: \$79 Monthly Recurring: \$ One Time Shipping: \$		
☐ Check By Fax	☐ One Time ACH	☐ One Time C		<b>Oue Now:</b> Authorization	<b>\$797.00</b>
Signature				Date	

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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

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	INFORMATION			
Account Owners Nam	ie:		VinSolutions Account Number: 5348	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00216203		Dollar Amount: \$797.00	
Credit Card Pay	yment			
CREDIT CARD INFO				
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: