

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

Sales and Support: 913-825-6124

Invoice For

# **Ancira Elite Motorcars (5200)**

Invoice Number:OP#-00199073 Salesperson: Shawn Morse Date Created: 6/8/2012

#### **Products**

Product	Description	Quantity	List Price	Total Price
Black Book Used Car Pricing	Black Book pricing of used cars	1.0	\$129.00	\$99.00
NADA Used Car Pricing Tool	NADA used car pricing tool	1.0	\$129.00	\$99.00
Black Book used car pricing onetime fee	Black Book used car pricing onetime fe	e 1.0	\$129.00	\$29.00
NADA used car pricing tool onetime fee	Onetime fee for NADA used car pricing	g 1.0	\$129.00	\$29.00
		Products/C Monthly F One Time	Recurring:	\$58.00 \$198.00 \$0.00
		Total I	Oue Now:	\$256.00
☐ Check By Fax ☐	One Time ACH	e Credit Card	Authorization	on
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

Account Owners Name	e:		VinSolutions Account Number: 5200
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-(	00199073		Dollar Amount: \$256.00

### **Credit Card Payment**

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

### **Check by Fax**

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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:

#### **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: