

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

Invoice For

Paul Miller Ford Mazda (5634)

Invoice Number:OP#-00241756 Salesperson: Darin Mayville Date Created: 1/4/2013

Products						
Product	Product Description		Qty.	List Price	Sales Price	
Custom Form Design	Design of custom forms		2.0	\$398.00	\$398.00	
		Products/One T	Products/One Time:		\$398.00	
		One Time Ship				\$0.00
		One Time Sales				\$0.00
		Monthly Recur				\$0.00
		Total Now Due:			\$398.00	
		Total Monthly	Recui	rring:		\$0.00
		*Taxes are subject to state and	local regulat	ions and are subject	to change	
		*Does not include Dealer-paid	Travel Exper	nses related to onsit	e training	
*this invoice does not replace or	supersede current billing					
☐ 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	RIZATION
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ONE TIME AUTHORIZATION					
ACCOUNT HOLDER	RINFORMATION				
Account Owners Nam	e:		VinSolutions Account Number: 5634		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-	00241756		Dollar Amount: \$398.00		
Credit Card Pag					
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)

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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: