

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

Invoice For

# Gordie Boucher Lincoln (3486)

Invoice Number:OP#-00212458 Salesperson: Carrie Bermel Date Created: 8/9/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Data Appending - One Time Append	Onetime appends of your co	ustomer data.	1.0	\$1,149.00	\$860.00
*this invoice does not replace or superso	ede current billing		Products/C Monthly R One Time	Recurring:	\$860.00 \$0.00 \$0.00
☐ Check By Fax ☐	One Time ACH	☐ One Time (		<b>Oue Now:</b> Authorization	<b>\$860.00</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	DRIZAT	LIUN

ACCOUNT HOLDER INFORMATION				
Account Owners Name:		VinSolutions Account Number: 3486		
Address Line 1:		Phone Number:		
Address Line 2:		Fax Number:		
State:	Zip:	Email:		
Opportunity ID: OP#-00212458		Dollar Amount: \$860.00		
	State:	State: Zip:		

# **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: