

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

Sales and Support: 913-825-6124

Invoice For

# **Crossroads Chevrolet Cadillac (3764)**

Invoice Number:OP#-00200487 Salesperson: Phil Dixon Jr Date Created: 6/20/2012

#### **Products**

Product	Description	Quantity	Total Price
VinSticker - 250 Basic pre-printed	Basic Vinstickers window sticker - per 250	- price 1.0	\$169.00
Buyers Guide - English250	English Buyers Guide - price per 2	250 1.0	\$89.00
Overnight Shipping	Additional freight charge for overr delivery.	night 1.0	\$40.00
*this invoice does not replace or super	sede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$298.00 \$0.00 \$30.00
		<b>Total Due Now:</b>	\$328.00
☐ Check By Fax ☐	One Time ACH	Time Credit Card Authorizat	ion
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 Name	<b>:</b>		VinSolutions Account Number: 3764
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0200487		Dollar Amount: \$328.00
Credit Card Pay			
Cardholder Name:	RMATION		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)**

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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: