

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

Sales and Support: 913-825-6124

Invoice For

# Gunn Buick GMC (3867)

Invoice Number:OP#-00222992

Salesperson: Jennifer Barnhart Duvall Date Created: 11/12/2012

Products						
Product	Descrip	tion	Qty.	List Price	Sales Price	
Live Phone Calls Ala Carte	In database live phone calls for Onetime setup fee applies.	or custom campaign.	960.0	\$2,678.40	\$2,496.00	
*this invoice does not replace o	r supersede current billing	Products/O Monthly Rone Time S Total Now	ecurring Shippin	g:		\$2,496.00 \$0.00 \$0.00 <b>\$2,496.0</b> 0
□ Check By Fax	□ One Time ACH	*Taxes are subject to change *Does not include to onsite training  One Time	ect to state a e le Dealer-p	aid Travel Exp	ntions and are	
Signature		iii One Time	Cicuit	Da		1

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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
	# # I V # # 2		

Account Owners Nam	e:		VinSolutions Account Number: 3867	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00222992		Dollar Amount: \$2,496.00	

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

## Check by Fax

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: