

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

Invoice For

# **Greenway Dodge Chrysler Jeep Ram (5526)**

Invoice Number:OP#-00222453 Salesperson: Matt Griffis Date Created: 10/31/2012

#### **Products**

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Buyers Guide - English1000	English Buyers Guide - price per 100	0 2.0	\$558.00	\$558.00	\$36.27
Buyers Guide - Spanish 1000	Buyers guide - Spanish	2.0	•	\$558.00	\$36.27
		Products/One Tim	ne:		\$1,116.00
*this invoice does not replace or s	supersede current billing	Monthly Recurrin	g:		\$0.00
		One Time Shippin	ng:		\$0.00
		Sales Tax:			\$72.54
		<b>Total Now Due:</b>			\$1,188.54
☐ Check By Fax	☐ One Time ACH	☐ One Time Credit	Card Aut	horizatio	on
Signature			Da	te	

Copyright VinSolutions.







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	AIIT	HOF.	RIZA	TION
	I - I - I - I - I - I - I - I - I				1 1 1 7 1 7

ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5526	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-(	00222453		Dollar Amount: \$1,188.54	

### **Credit Card Payment**

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

#### Check by Fax

v		
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: