

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

Invoice For

Best Chevrolet Inc (6090)

Invoice Number:OP#-00275463

Salesperson: Freddy Dubon-Ramirez Date Created: 4/17/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
Drivers License Scanner	Automatically uploads custo	omer's information	1.0	\$999.00	\$999.00	
		Products/One T One Time Ship One Time Sales	ping: s Tax:		\$9	999.00 \$0.00 \$0.00 \$0.00
		Monthly Recur Total Now Due Total Monthly	e:	rring:	\$9	99.00 \$0.00
		*Taxes are subject to state and *Does not include Dealer-paid				
*this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norization	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.

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ONE TIME AUTHORIZATION				
ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 6090	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00275463			Dollar Amount: \$999.00	
Credit Card Pa	•			
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)

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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: