

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

Sales and Support: 913-825-6124

Invoice For

# **Stanley Ford - Eastland (3103)**

Invoice Number:OP#-00197055 Salesperson: Phil Dixon Jr Date Created: 5/31/2012

### **Products**

| Product                                          | Description                                               |                                                                                                                                                                                                                  | Quantity     | Total<br>Price      |
|--------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
| Customer Text Messaging - 1000 Texts             | month incoming or of overages, dealer and moved to the or | Customer Text Messaging - 1000 texts per month incoming or outgoing. In the case of overages, dealer will be invoiced for and moved to the ongoing quantity that covers usage. Unused texts are not rolled over. |              | \$29.00             |
| Customer Text Messaging - 1000 Texts Onetime Fee | Customer Text Mes                                         | saging onetime fee.                                                                                                                                                                                              | 1.0          | \$49.00             |
|                                                  |                                                           |                                                                                                                                                                                                                  |              | Total: \$78.00      |
|                                                  |                                                           |                                                                                                                                                                                                                  |              | Shipping: \$0.00    |
|                                                  |                                                           |                                                                                                                                                                                                                  |              | Invoice Total       |
|                                                  |                                                           |                                                                                                                                                                                                                  | Tot          | tal Due NOW: \$0.00 |
| ☐ Check By Fax                                   | ☐ One Time ACH                                            | ☐ One Time C                                                                                                                                                                                                     | redit Card A | Authorization       |
| Signature                                        |                                                           |                                                                                                                                                                                                                  |              | Date                |

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## **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 | TIN | AE A | TU A | $\Gamma$ HO | RIZA | TION |
|-----|-----|------|------|-------------|------|------|
|     |     |      |      |             |      |      |

| Account Owners Nam   | ie:      |      | VinSolutions Account Number: 3103 |
|----------------------|----------|------|-----------------------------------|
| Address Line 1:      |          |      | Phone Number:                     |
| Address Line 2:      |          |      | Fax Number:                       |
| City:                | State:   | Zip: | Email:                            |
| Opportunity ID: OP#- | 00197055 |      | Dollar Amount: \$0.00             |

| 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:  |