

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

Invoice For

# **Tunkhannock Auto Mart (4690)**

Invoice Number:OP#-00221430 Salesperson: Carrie Bermel Date Created: 10/15/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Live Phone Calls Ala Carte	In database live phone calls for Onetime setup fee applies.	custom campaign.	560.0	\$1,562.40	\$1,400.00	\$0.00
*this invoice does not replace or	supersede current billing	Products/O Monthly Re One Time S Sales Tax:	ecurrin	g:		\$1,400.00 \$0.00 \$0.00 \$0.00
☐ Check By Fax	☐ One Time ACH	Total Now  ☐ One Time		Card Aut	horizatio	\$1,400.00
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.

ONE	TIME	AUTHO	RIZATION
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ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	RINFORMATION			
Account Owners Nam	ne:		VinSolutions Account Number: 4690	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00221430		Dollar Amount: \$1,400.00	
Credit Card Pa	yment			
CREDIT CARD INFORMATION				
Cardholder Name:			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)**

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: