

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

Sales and Support: 913-825-6124

Date

Invoice For

## Diepholz Auto Group (3505)

Invoice Number: OP#-00266301 Salesperson: Matt Griffis Date Created: 3/13/2013

Signature

Products						
Product			List Price	Sales Price	Sales Tax	
Standard Letter 8.5" X 11" Full Color Targeted Window Envelope	Standard Letter 8.5" X 11" Full Color Targeted Windowed Envelope.		1196.0	\$741.52	\$741.52	\$50.06
Postage 1st Class	Postage 1st Class.		1196.0	\$538.20	\$538.20	\$36.33
		Products/One Time:		\$1,279.72		
		One Time Shipping:		\$0.00		
		One Time Sales Tax: Monthly Recurring:		\$86.39 \$0.00		
		Monthly Recurring Sales Tax:		\$0.00		
		Total Now Due		CS Tux.	\$1	<b>366.11</b>
		<b>Total Monthly</b>		ring:	+ - ).	\$0.00
		Number of Ins	stallma	ata.		2
		Installment Du		its.	Δ	mount
		3/13/2013	c Date			583.06
		*Taxes are subject to state and	local regulatio	ns and are subject	to change	
		*Does not include Dealer-paid	Travel Expens	es related to onsite	e training	
*this invoice does not replace or super	sede current billing					
☐ Check By Fax ☐	One Time ACH	☐ One Time	Credit (	Card Auth	norization	ı

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6405 Metcalf Ave. Suite 400 • Overland Park, KS 66202 • T: 1.800.980.7488 • F: 913.825.6396 • www.vinsolutions.com

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 (P) 913-825-6300 (F) 617-904-1618

## **Payment Authorization**

Authorized Signature:

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.

ceount Owners Name:  ddress Line 1:  ddress Line 2:  ity:  State:  Zip:  Email:  Fax Number:  ity:  Email:  Fredit Card Payment  REDIT CARD INFORMATION  ardholder Name:  Visa Mastercard AmEx - Please circle one  ard Number:  Expiration Date:  Check by Fax  HECK BY FAX INFORMATION (ACTUAL CHECK  UST ACCOMPANY THIS FORM) DO NOT MAIL  ank Name:  ame on Bank Acct:  check Number:  CH (Electronic Debit)  CH (ELECTRONIC DEBIT) (VOIDED CHECK MUST  CCOMPANY THIS FORM)  ank Name:  ane on Bank Acct:  ank Routing Number:  Bank Phone:  ane on Bank Acct:  ank Routing Number:  CH (Electronic Debit)	ACCOUNT HOLDE	E AUTHORIZA R INFORMATION					
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