

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

Sales and Support: 913-825-6124

Invoice For

Asheville Ford Lincoln (3856)

Invoice Number:OP#-00222046 Salesperson: Matt Griffis Date Created: 10/19/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
	Reorder custom four color Vinsticke	rs window sticker -				
VinSticker - REORDER 500 Custom	price per 500	is window sticker	1.0	\$499.00	\$499.00	\$34.93
Buyers Guide - English500	English Buyers Guide - price per 500)	1.0	\$149.00	\$149.00	\$10.43
*this invoice does not replace or supe	rsede current billing	Products/On Monthly Re One Time S Sales Tax:	currin hippir	g:		\$648.00 \$0.00 \$0.00 \$45.36 \$693.36
☐ Check By Fax	☐ One Time ACH	☐ One Time		Card Aut	horizatio	
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	RIZATIO	N

ONE TIME	AUTHORIZA	TION	
ACCOUNT HOLDER	R INFORMATION		
Account Owners Nam	ie:		VinSolutions Account Number: 3856
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00222046		Dollar Amount: \$648.00
Credit Card Pa			
Cardholder Name:			Visa Mastercard AmEx - Please circle one
Card Number:			Expiration Date:

Check by Fax

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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:		

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: