

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

Invoice For

# Infiniti of Willow Grove (3520)

Invoice Number:OP#-00194652 Salesperson: Carrie Bermel Date Created: 6/7/2012

#### **Products**

Product	Description		Quantity	_	otal rice
VinSticker - REORDER 500	Reorder custom four color	Vinstickers	1.0		\$499.00
Custom Buyers Guide - English500	window sticker - price per 500 English Buyers Guide - price per 500		1.0		\$149.00
*this invoice does not replace or supers		Products/One Time: \$648.0 Monthly Recurring: \$0.0			
			One Time Sh	11 0	\$40.00
			Total Di	ie Now:	\$688.00
☐ Check By Fax ☐	One Time ACH	☐ One Time C	redit Card Auth	orization	l
Signature			Date	e	

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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 HOLDER	RINFORMATION				
Account Owners Nam	ne:		VinSolutions Account Number: 3520		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-	00194652		Dollar Amount: \$688.00		
Credit Card Pa	vment				
CREDIT CARD INFO					
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: