

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

Invoice For

Bob Poynter GM (4702)

Invoice Number:OP#-00217239 Salesperson: Carrie Bermel Date Created: 10/5/2012

Products

Product	Description		Quantity	Total Price
VinSticker - REORDER 1000 Custom	Reorder custom four color Vinstickers window sticker - price per 1000		1.0	\$899.00
Buyers Guide - English1000	English Buyers Guide	- price per 1000	1.0	\$279.00
		Products/Or		\$1,178.00
*this invoice does not replace or supersede current billing		Monthly Recurring; One Time Shipping:		\$0.00
		One Time S Sales Tax:	nipping:	\$60.00 \$82.46
		Total Now	Duo	\$1,320.46
				. ,
		subject to change	t to state and local regulati	ons and are
☐ Check By Fax ☐	One Time ACH	_ ,	Credit Card Auth	orization
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.

ONE	TIME	AUTHO	RIZATION
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ONE TIME AUTHORIZATION			
ACCOUNT HOLDER INF	FORMATION		
Account Owners Name:			VinSolutions Account Number: 4702
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0021	7239		Dollar Amount: \$1,320.46
Credit Card Paymo			
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: