

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

Sales and Support: 913-825-6124

Invoice For

Walkers Renton Subaru/Mazda (3220)

Invoice Number:OP#-00214325 Salesperson: Sarah Nugent Date Created: 8/21/2012

Products

Product	Description		Quantity	Total Price
VinSticker - REORDER 500 Custom		Reorder custom four color Vinstickers window sticker - price per 500		\$499.00
VinSticker - REORDER 250 Custom	Reorder custom four color Vinstickers window sticker - price per 250		1.0	\$279.00
Buyers Guide - English500	English Buyers Guide - p	English Buyers Guide - price per 500		\$149.00
Buyers Guide - English250	English Buyers Guide - price per 250		1.0	\$89.00
*this invoice does not replace or supe	rsede current billing		Products/One Time: Monthly Recurring: One Time Shipping:	\$1,016.00 \$0.00 \$70.00
			Total Due Now:	\$1,086.00
☐ Check By Fax ☐ One Time ACH ☐		☐ One Tim	e Credit Card Authoriza	ntion
Signature			Date	

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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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ACCOUNT HOLDER INFORMATION				
Account Owners Name:		VinSolutions Account Number: 3220		
Address Line 1:		Phone Number:		
Address Line 2:		Fax Number:		
State:	Zip:	Email:		
Opportunity ID: OP#-00214325		Dollar Amount: \$1,086.00		
	State:	State: Zip:		

Credit Card Payment

CREDIT CARD INFORMATION	
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: