

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

Invoice For

Clay Cooley Suzuki Arlington (3083)

Invoice Number:OP#-00214890 Salesperson: Jennifer Barnhart Date Created: 8/30/2012

Products

Product	Description		Quantity	Total Price
W. G.: 1 250 C	Custom four color Vinsticke	ers window	1.0	ф270 00
VinSticker - 250 Custom Buyers Guide - English250	sticker - price per 250 English Buyers Guide - price per 250		1.0	\$279.00 \$89.00
Buyers Guide - Eligiisii230	Eligiish Buyers Guide - pric	e per 230	1.0	Ψ69.00
*this invoice does not replace or sup	ersede current hilling		Products/One Time: Monthly Recurring:	\$368.00 \$0.00
this invoice does not replace of sup	ersede current siming		One Time Shipping:	\$30.00
			Total Due Now:	\$398.00
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit Card Authorizat	ion
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.

ONE	TIME	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION				
Account Owners Name:		VinSolutions Account Number: 3083		
Address Line 1:		Phone Number:		
Address Line 2:		Fax Number:		
State:	Zip:	Email:		
Opportunity ID: OP#-00214890		Dollar Amount: \$398.00		
	State:	State: Zip:		

Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

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: