

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

Sales and Support: 913-825-6124

Invoice For

Ray Schultens Motors (5376)

Invoice Number:OP#-00223454 Salesperson: Sarah Nugent Date Created: 11/15/2012

Products

Product	Description		Qty.	List Price	Sales Price	
VinSticker - 1000 Custom	Custom four color Vinstickers window sticker - price per 1000		\$899.00	\$899.00		
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work of existing custom sticker.	r changes to an	1.0	\$169.00	\$169.00	
*this invoice does not replace or super	sede current billing	Products/On Monthly Re One Time S Total Now	curring hippin	g:		\$1,068.00 \$0.00 \$0.00 \$1,068.00
		*Taxes are subject	to state a	nd local regula	ations and ar	e
		subject to change				
		*Does not include to onsite training	Dealer-pa	aid Travel Exp	enses related	l
☐ Check By Fax	One Time ACH	☐ One Time	Credit	Card Aut	horizatio	on
Signature				Da	te	

Copyright VinSolutions.







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	TIN	AE A	LII	Γ HO	RIZA	TION

Account Owners Name:			VinSolutions Account Number: 5376
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-(00223454		Dollar Amount: \$1,068.00

Credit Card Payment

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

Check by Fax

v		
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: