

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

Sales and Support: 913-825-6124

Invoice For

# **Hawk CDJ (4317)**

Invoice Number:OP#-00222849 Salesperson: Carrie Bermel Date Created: 10/29/2012

## **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - 250 Custom	Custom four color Vinstickers windo 250	w sticker - price pe	er 1.0	\$279.00	\$279.00	\$24.42
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticker.		1.0	\$169.00	\$169.00	
Buyers Guide - English250	English Buyers Guide - price per 250		1.0	\$89.00	\$89.00	\$7.79
*this invoice does not replace or super	rsede current billing	Products/On Monthly Red One Time S Sales Tax:	currin hippin	g:		\$537.00 \$0.00 \$0.00 \$32.21
☐ Check By Fax	☐ One Time ACH	Total Now I  ☐ One Time (		Card Autl	horizatio	<b>\$569.21</b> n
Signature				Da	te	

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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 A	<b>UTHORIZA</b>	ATION	
ACCOUNT HOLDER IN	FORMATION		
Account Owners Name:			VinSolutions Account Number: 4317
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-002	.22849		Dollar Amount: \$569.21
Credit Card Paym			
Cardholder Name:			Visa Mastercard AmEx - Please circle one

## Check by Fax

Card Number:

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: