

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

Invoice For

Payne Weslaco Motors (2709)

Invoice Number:OP#-00216304 Salesperson: Jennifer Barnhart Date Created: 9/14/2012

Products

Product	Description		Quantity	List Price _	Fotal Price
W. G.: 1 500 G	Custom four color Vinsticker	s window	1.0	Φ400.00	Ф274.25
VinSticker - 500 Custom	sticker - price per 500	sticker - price per 500		\$499.00	\$374.25
Buyers Guide - English500	English Buyers Guide - price	per 500	3.0	\$447.00	\$335.25
*this invoice does not replace or supersede current billing			Products/One Time: Monthly Recurring: One Time Shipping:		\$709.50 \$0.00 \$80.00
				oue Now:	\$789.50
☐ Check By Fax	☐ One Time ACH ☐	One Time	Credit Card	Authorizatio	n
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	AUTHO	RIZA	TION

ONE TIME	AUTHORIZA	ATION	
ACCOUNT HOLDER	RINFORMATION		
Account Owners Nam	ne:		VinSolutions Account Number: 2709
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00216304		Dollar Amount: \$789.50
Credit Card Pa			
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: