

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

Sales and Support: 913-825-6124

Invoice For

Cherry Capital Cadillac Subaru (4595)

Invoice Number:OP#-00192841 Salesperson: Carrie Bermel Date Created: 5/16/2012

Products

Product	Description	Quantity	Total Price
VinSticker - REORDER 500 Custom	Reorder custom four color Vinstickers window sticker - price per 500	1.0	\$499.00

Total: \$499.00 Shipping: \$20.00

Invoice Total

Total Due NOW: \$519.00

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

Signature

Copyright VinSolutions.







6405 Metcalf Ave. Suite 400

Overland Park, KS 66202

T: 1.800.980.7488

F: 913.825.6396

www.vinsolutions.com

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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION				
Account Owners Name: Christian Salazar			Client ID: 4595	
Address Line 1: 1747 S. Garfield Ave			Phone Number: (231) 947-9000	
Address Line 2:			Fax Number:	
City: Traverse City	State: MI	Zip: 49686	Email: christian.salazar@vinsolutions.com	
Opportunity ID: OP#-00192	2841		Dollar Amount: \$499.00	

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: