

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

Sales and Support: 913-825-6124

Invoice For

Don Vance Ford (2321)

Invoice Number:OP#-00221992 Salesperson: Phil Dixon Jr Date Created: 10/17/2012

Products

Product	Description	C	Qty.	List Price	Sales Price	Sales Tax
Creative work - custom	Custom creative work, priced per hou	r	4.0	\$676.00	\$599.00	\$48.27
*this invoice does not replace or	supersede current billing	Products/One Monthly Recu One Time Shi Sales Tax:	ırrin	g:		\$599.00 \$0.00 \$0.00 \$48.27
☐ Check By Fax	☐ One Time ACH	Total Now Do		Card Aut	horizatio	\$647.27
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.

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ACH (Electronic Debit)

ACCOUNT HOLDER	INFORMATION		<u> </u>		
Account Owners Name:			VinSolutions Account Number: 2321		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00221992			Dollar Amount: \$599.00		
CREDIT CARD INFO Cardholder Name:	RMATION		Visa Mastercard AmEx - Please circle one		
Cardholder Name:	RMATION		Visa Mastercard AmEx - Please circle one Expiration Date:		
Cardholder Name: Card Number:	RMATION		Visa Mastercard AmEx - Please circle one Expiration Date:		
Cardholder Name: Card Number: Check by Fax	RMATION ORMATION (ACTUAL C	НЕСК			
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INF					
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INFOMUST ACCOMPANY	ORMATION (ACTUAL C				
Card Number: Check by Fax CHECK BY FAX INF	ORMATION (ACTUAL C		Expiration Date:		

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: