

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

Sales and Support: 913-825-6124

Invoice For

## Sanford Honda (3123)

Invoice Number:OP#-00278736 Salesperson: Matt Griffis Date Created: 5/15/2013

## **Products**

Product	Description	Qty.	List Price	Sales Price	Sales Tax
VinSticker - 250 Certified Vehicle	Vinstickers Certified label - price per 250	1.0	\$279.00		\$19.53
VinSticker - 250 Basic pre-printed	Basic Vinstickers window sticker - price per 250	1.0	\$169.00		\$11.83

Products/One Time: \$448.00
One Time Shipping: \$0.00
One Time Sales Tax: \$31.36
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$479.36
Total Monthly Recurring: \$0.00

\*this invoice does not replace or supersede current billing

 $\Box$  Check By Fax  $\Box$  One Time ACH

☐ One Time Credit Card Authorization

Signature

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<sup>\*</sup>Taxes are subject to state and local regulations and are subject to change

<sup>\*</sup>Does not include Dealer-paid Travel Expenses related to onsite training

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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ACCOUNT HOLDER	INFORMATION				
Account Owners Name	<b>:</b>		VinSolutions Account Number: 3123		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00278736			Dollar Amount: \$479.36		
CREDIT CARD INFO	RMATION		W. M. J. B. Di. J. I		
Cardholder Name:			Visa Mastercard AmEx - Please circle one		
Card Number:			Expiration Date:		
	ORMATION (ACTUAL C. THIS FORM) DO NOT M				
Bank Name:			Bank Phone:		

## **ACH (Electronic Debit)**

Name on Bank Acct:

Bank Routing Number:

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ACH (ELECTRONIC DEBIT) (VOIDED CHECK MUST	
ACCOMPANY THIS FORM)	
Bank Name:	Bank Phone:
Name on Bank Acct:	
Bank Routing Number:	
Checking Account Number:	

Check Number:

Checking Account Number:

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: