

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

Sales and Support: 913-825-6124

Invoice For

Nichols Dodge Chrysler Jeep (5809)

Invoice Number:OP#-00254435 Salesperson: Stephen Kalnasi Date Created: 1/29/2013

Products

Description	Qty.	List Price	Sales Price
New custom sticker creative work or changes to an existing custom sticker.	1.0	\$169.00	\$169.00
Products/One	Time:		\$169.00
One Time Shi	pping:		\$0.00
One Time Sale	es Tax:		\$0.00
Monthly Recu	rring:		\$0.00
Total Now Du	ie:		\$169.00
Total Monthl	y Recur	ring:	\$0.00
*Taxes are subject to state at	nd local regulation	ons and are subject	to change
	New custom sticker creative work or changes to an existing custom sticker. Products/One One Time Ship One Time Sale Monthly Recu Total Now Du	New custom sticker creative work or changes to an existing custom sticker. 1.0 Products/One Time: One Time Shipping: One Time Sales Tax: Monthly Recurring: Total Now Due:	New custom sticker creative work or changes to an existing custom sticker. 1.0 \$169.00 Products/One Time: One Time Shipping: One Time Sales Tax: Monthly Recurring:

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☐ One Time ACH



Signature

☐ Check By Fax





☐ One Time Credit Card Authorization

Date

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	RIZATIO	N

ONE TIME AUTHORIZATION				
ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 5809	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00254435			Dollar Amount: \$169.00	
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: