

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

Sales and Support: 913-825-6124

Invoice For

Joe Marina Honda (5606)

Invoice Number:OP#-00222037 Salesperson: Jennifer Barnhart Date Created: 10/18/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - 250 Custom	Custom four color Vinstickers window sticker - price po 250		r 1.0	\$279.00	\$279.00	\$23.77
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative we existing custom sticker.	work or changes to an	1.0	\$169.00	\$169.00	\$0.00
		Products/On				\$448.00
*this invoice does not replace or supersede current billing		Monthly Recurring: One Time Shipping:			\$0.00 \$0.00	
		Sales Tax:	пррп	ıg.		\$23.77
		Total Now I	Due:			\$471.77
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit	Card Aut	horizatio	n
Signature				Da	te	

Copyright VinSolutions.







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	RIZATI	ON

Account Owners Name	:		VinSolutions Account Number: 5606
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0222037		Dollar Amount: \$448.00

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: