

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

Sales and Support: 913-825-6124

Invoice For

## H & K Chevrolet Buick Inc. (5786)

Invoice Number: OP#-00267622

Salesperson: Robert Bloomquist Date Created: 3/19/2013

#### **Products**

Product	Description		List Price	Sales Price	Sales Tax
VinSticker - 250 Custom	Custom four color Vinstickers window sticker - price per 250	1.0	\$319.00	\$319.00	\$22.34
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticker.	1.0	\$169.00	\$169.00	\$11.84
Buyers Guide - English250	English Buyers Guide - price per 250	1.0	\$89.00	\$89.00	\$6.24

Products/One Time: \$577.00
One Time Shipping: \$0.00
One Time Sales Tax: \$40.42
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$617.42
Total Monthly Recurring: \$0.00

\*this invoice does not replace or supersede current billing

 $\square$  Check By Fax  $\square$  One Time ACH  $\square$  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.

ONE	TIME	AUTHO	RIZATION
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ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFORMA	ATION			
Account Owners Name:			VinSolutions Account Number: 5786	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00267622			Dollar Amount: \$617.42	
Credit Card Payment CREDIT CARD INFORMATION	i			
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: