

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

Sales and Support: 913-825-6124

Invoice For

# Caldwell Toyota Scion (5485)

Invoice Number:OP#-00222074 Salesperson: Jennifer Barnhart Date Created: 10/22/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - 500 Custom	Custom four color Vinstickers window sticker - price per 500		\$499.00	\$499.00	\$0.00	
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticker. 1.0 \$169.00 \$169		\$169.00	\$0.00		
Buyers Guide - English500	English Buyers Guide - price per 50	00	1.0	\$149.00	\$149.00	\$0.00
		D 1 10	<b></b>			фо <b>15</b> 00
		Products/On				\$817.00
*this invoice does not replace or supersede current billing		Monthly Recurring:				\$0.00
		One Time S		ıg:		\$0.00
		Total Now 1	Due:			\$817.00
☐ Check By Fax	☐ One Time ACH	☐ One Time (	Credit	Card Aut	horizatio	n
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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ACCOUNT HOLDER INFORMATION				
		VinSolutions Account Number: 5485		
Address Line 1:		Phone Number:		
		Fax Number:		
City: State: Zip:		Email:		
2074		Dollar Amount: \$817.00		
	State:	State: Zip:		

## **Credit Card Payment**

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: