

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

Sales and Support: 913-825-6124

Invoice For

Kelly Grimsley Honda (5591)

Invoice Number:OP#-00222023 Salesperson: Jennifer Barnhart Date Created: 10/18/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinStickers - Custom / Ad Hoc Desig Fee	n New custom sticker creative work existing custom sticker.	c or changes to an	1.0	\$169.00	\$169.00	\$13.94
		Products/Oi				\$169.00
*this invoice does not replace or sup	ersede current billing	Monthly Re		_		\$0.00
		One Time S	Shippir	ıg:		\$0.00
		Sales Tax:				\$13.94
		Total Now	Due:			\$182.94
☐ 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	TIN	AE A	TU A	Γ HO	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	INFORMATION			
Account Owners Name	e:		VinSolutions Account Number: 5591	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00222023		Dollar Amount: \$169.00	
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: