

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Invoice For

Haley Certified (2979)

Invoice Number:OP#-00214679 Salesperson: Carrie Bermel Date Created: 8/29/2012

Products

Product	Description	Quantity	Total Price
Buyers Guide - English250	English Buyers Guide - price	per 250 1.0	\$89.00
*this invoice does not replace or sup	ersede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$0.00
Charle Des Fare		Total Due Now:	\$104.00
☐ Check By Fax	☐ One Time ACH ☐	One Time Credit Card Authorizati	ion
Signature		Date	

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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.

ONE	TIME	AUTHO	RIZATION
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Account Owners Nam	ie:		VinSolutions Account Number: 2979
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00214679		Dollar Amount: \$104.00

Visa Mastercard AmEx - Please circle one

Check by Fax

Cardholder Name:

Card Number:

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:

Expiration Date:

ACH (Electronic Debit)

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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: