

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

Sales and Support: 913-825-6124

Invoice For

# All Star Family Ford (2682)

Invoice Number:OP#-00223229 Salesperson: Jennifer Barnhart Date Created: 11/7/2012

### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 250 Custom	Reorder custom four color Vinsticker price per 250	s window sticker -	1.0	\$279.00	\$279.00	\$23.02
Buyers Guide - English250	English Buyers Guide - price per 250		1.0	\$89.00	\$89.00	\$7.34
*this invoice does not replace or sup	ersede current billing	Products/On Monthly Red One Time Si Sales Tax: Total Now I	curring hipping	<b>;:</b>		\$368.00 \$0.00 \$0.00 \$30.36 <b>\$398.3</b> 6
		*Taxes are subject subject to change *Does not include onsite training		C		to
☐ Check By Fax	☐ One Time ACH	☐ One Time (	Credit	Card Autl	horization	1
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.

ONE	TIME	AUTHO	RIZATION
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ONE TIME	<b>AUTHORIZA</b>	ATION	
ACCOUNT HOLDER	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 2682
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00223229		Dollar Amount: \$398.36
Credit Card Pa	yment		
CREDIT CARD INFO	·		
Cardholder Name:		_	Visa Mastercard AmEx - Please circle one

#### Check by Fax

Card Number:

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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:

Expiration Date:

### **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: