

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

Invoice For

# **Luther Ford Lincoln (2590)**

Invoice Number:OP#-00223101 Salesperson: Carrie Bermel Date Created: 11/6/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 1000 Custom	Reorder custom four color Vinsticker	rs window sticker -	1.0	\$899.00	\$899.00	\$53.94
Buyers Guide - English250	English Buyers Guide - price per 250		1.0	\$89.00	\$89.00	\$5.34
*this invoice does not replace or super	rsede current billing	Products/On Monthly Red One Time S Sales Tax:	currin	g:		\$988.00 \$0.00 \$0.00 \$59.28
☐ Check By Fax	☐ One Time ACH	Total Now I  ☐ One Time 0		Card Aut	horizatio	\$1,047.28
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
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Name	<b>:</b>		VinSolutions Account Number: 2590	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-(	00223101		Dollar Amount: \$1,047.28	

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: