

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

Invoice For

# Ehrlich Toyota & Scion (3819)

Invoice Number:OP#-00198804 Salesperson: Sarah Nugent Date Created: 6/5/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
VinSticker - REORDER 500 Custom	Reorder custom four color Vinstickers window sticker - price per 500		1.0	\$499.00	\$249.50
Overnight Shipping	Additional freight charge for ov delivery.	vernight	1.0	\$40.00	\$40.00
*this invoice does not replace or supers	ede current billing		Monthly	s/One Time Recurring: ne Shipping:	\$0.00
			Tota	al Due Now	: \$309.50
☐ Check By Fax ☐	One Time ACH	One Time Cr	edit Card	Authorizatio	n
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.

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ACCOUNT HOLDER INFORMATION			
Account Owners Nan	ne:		VinSolutions Account Number: 3819
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00198804		Dollar Amount: \$309.50
Opportunity ID. Of #	-00170004		Donat Amount. \$507.50

### **Credit Card Payment**

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

### Check by Fax

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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:	

#### **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: