

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

Invoice For

Korum Automotive Group (4097)

Invoice Number:OP#-00208332 Salesperson: Sarah Nugent Date Created: 7/6/2012

Products

Product	Description	Quantity	Total Price
VinSticker - REORDER 500	Reorder custom four color Vins	stickers	ф.400.00
Custom	window sticker - price per 500	1.0	\$499.00
Buyers Guide - English500	English Buyers Guide - price p	er 500 1.0	\$149.00
*this invoice does not replace or super	sede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$648.00 \$0.00 \$40.00
☐ Check By Fax	☐ One Time ACH ☐ C	Total Due Now: One Time Credit Card Authorizat	\$688.00 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	RIZATIO	N

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	R INFORMATION			
Account Owners Nan	ne:		VinSolutions Account Number: 4097	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00208332		Dollar Amount: \$688.00	
Credit Card Pa	yment			
CREDIT CARD INFO	ORMATION			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

Check by Fax

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)

,	
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: