

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

Sales and Support: 913-825-6124

Invoice For

Gerald Jones Honda (4080)

Invoice Number:OP#-00223020 Salesperson: Matt Griffis Date Created: 11/2/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - 500 Certified Vehicle	Vinstickers Certified label - price pe	r 500	1.0	\$499.00	\$499.00	\$34.93
Buyers Guide - English500	English Buyers Guide - price per 500)	1.0	\$149.00	\$149.00	\$10.43
*this invoice does not replace or sup	persede current billing	Products/Or Monthly Re One Time S Sales Tax: Total Now	currin hippir	g:		\$648.00 \$0.00 \$0.00 \$45.36 \$693.36
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Aut	horizatio	n
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.

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ONE TIME AUTHORIZATION					
ACCOUNT HOLDER	INFORMATION				
Account Owners Nam	e:		VinSolutions Account Number: 4080		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-	00223020		Dollar Amount: \$693.36		
Credit Card Pag	yment				
CREDIT CARD INFO	RMATION		<u> </u>		
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: