

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

Sales and Support: 913-825-6124

Invoice For

# The Car Store (2818)

Invoice Number: OP#-00217184

Salesperson: Robert Bloomquist Date Created: 10/4/2012

### **Products**

Product	Description		Quantity	Total Price
VinSticker - REORDER 500 Custom	Reorder custom four color window sticker - price per		1.0	\$549.00
Buyers Guide - Spanish 500	Buyers guide - Spanish		1.0	\$149.00
*this invoice does not replace or sup	ersede current billing	Products/One Monthly Recur One Time Ship Sales Tax:	rring;	\$698.00 \$0.00 \$40.00 \$41.88
		Total Now Du  *Taxes are subject to subject to change		<b>\$779.88</b> tions and are
☐ Check By Fax	☐ One Time ACH	☐ One Time Cro	edit Card Autl	norization
Signature			Dar	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	RIZATI	ON

ONE TIME	AUTHORIZA	TION	
ACCOUNT HOLDE	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 2818
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00217184		Dollar Amount: \$779.88
Credit Card Pa	•		
Cardholder Name:			Visa Mastercard AmEx - Please circle one
Card Number:			Expiration Date:

#### Check by Fax

•	
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: