

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

Sales and Support: 913-825-6124

Invoice For

## **Chandler Chevrolet (2259)**

Invoice Number:OP#-00271578 Salesperson: Jason Gorman Date Created: 4/3/2013

## **Products**

Product	Description		List Price	Sales Price	Sales Tax
VinSticker - REORDER 500 Custom	Reorder custom four color Vinstickers window sticker - price per 500	1.0	\$499.00	\$499.00	\$24.95
Buyers Guide - English500	English Buyers Guide - price per 500	1.0	\$149.00	\$149.00	\$7.45

Products/One Time: \$648.00
One Time Shipping: \$0.00
One Time Sales Tax: \$32.40
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$680.40
Total Monthly Recurring: \$0.00

\*this invoice does not replace or supersede current billing

 $\square$  Check By Fax  $\square$  One Time ACH  $\square$  One Time Credit Card Authorization

Signature

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<sup>\*</sup>Taxes are subject to state and local regulations and are subject to change

<sup>\*</sup>Does not include Dealer-paid Travel Expenses related to onsite training

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 Owners Name:  Address Line 1:  Address Line 2:  City:  State:  Zip:  Dollar Amount: \$680.40   Credit Card Payment  CREDIT CARD INFORMATION  Cardholder Name:  Card Number:  Check by Fax  CHECK BY FAX INFORMATION (ACTUAL CHECK MUST ACCOMPANY THIS FORM) DO NOT MAIL  Bank Routing Number:  Bank Routing Number:  Check Description Check MUST  ACCOMPANY THIS FORM)  ACH (ELectronic Debit)  ACH (ELectronic Debit)  ACCOMPANY THIS FORM)  Bank Phone:  Name on Bank Acct:  Bank Phone:  Bank Phone:  Bank Phone:  Bank Phone:  ACCOMPANY THIS FORM)  Bank Name:  Bank Phone:  Bank Phone:  Bank Phone:  ACH (ELectronic Debit)  ACH (ELectronic Debit)  ACH MUST ACCOMPANY THIS FORM)  Bank Name:  Bank Phone:  Bank Phone:  Bank Phone:  Bank Phone:  Bank Phone:  Bank Phone:  Bank Phone:	ACCOUNT HOLDER 1	NFORMATION				
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City: State: Zip: Email: Opportunity ID: OP#-00271578 Dollar Amount: \$680,40  Credit Card Payment  CREDIT CARD INFORMATION  Cardholder Name: Visa Mastercard AmEx - Please circle one 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)  ACH (ELECTRONIC DEBIT) (VOIDED CHECK MUST ACCOMPANY THIS FORM)  Bank Name: Bank Phone:  ACH (Bank Name: Bank Phone:  Bank Phone:  Bank Phone:  Bank Phone:  Bank Phone:  Bank Phone:	Address Line 1:			Phone Number:		
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ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: