

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

Invoice For

Integrity Auto Group (2939)

Invoice Number:OP#-00222065 Salesperson: Sarah Nugent Date Created: 10/19/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - 1000 Custom	Custom four color Vinstickers window 1000	sticker - price pe	er 1.0	\$899.00	\$899.00	\$65.63
Buyers Guide - English1000	English Buyers Guide - price per 1000		1.0	\$279.00	\$279.00	\$20.37
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or cleaning custom sticker.	nanges to an	1.0	\$169.00	\$169.00	\$0.00
*this invoice does not replace or super	sede current billing	Products/On Monthly Re One Time S Sales Tax: Total Now	currin hippin	g:		\$1,347.00 \$0.00 \$0.00 \$86.00 \$1,433.00
☐ Check By Fax	One Time ACH	One Time		Card Autl	horizatio	. ,
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.

ONE	TIME	AUTHO	RIZATIO	N

Account Owners Nam	ne:		VinSolutions Account Number: 2939
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00222065		Dollar Amount: \$1,347.00

CREDIT CARD INFORMATION	
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: