

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

Sales and Support: 913-825-6124

Invoice For

Len Lyall Chevrolet (5327)

Invoice Number:OP#-00214537 Salesperson: Jennifer Barnhart Date Created: 8/24/2012

Products

Product	Description	Quantity	Total Price
VinSticker - 500 Custom	Custom four color Vinstickers wir sticker - price per 500	ndow 1.0	\$499.00
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work changes to an existing custom sticker.	1 ()	\$169.00
Buyers Guide - English500	English Buyers Guide - price per 5	500 1.0	\$149.00
*this invoice does not replace or supersede current billing Products/One Time: Monthly Recurring: One Time Shipping:			\$817.00 \$0.00 \$40.00
		Total Due Now:	\$857.00
☐ Check By Fax ☐	One Time ACH ☐ One	e Time Credit Card Authorizati	on
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)RIZAT	LIUN

ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5327	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00214537		Dollar Amount: \$857.00	

Credit Card Payment

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: