

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

Invoice For

Clay Cooley Suzuki Dallas (3085)

Invoice Number: OP#-00223452

Salesperson: Jennifer Barnhart Duvall Date Created: 11/15/2012

Products

Product	Description		Qty.	List Price	Sales Price	
VinSticker - REORDER 250 Custom	Reorder custom four color Vinsticker price per 250	s window sticker -	1.0	\$279.00	\$279.00	
Buyers Guide - English250	English Buyers Guide - price per 250		1.0	\$89.00	\$89.00	
		Products/On	e Time	7 ·		\$368.00
		Monthly Re				\$0.00
		One Time S	_	•		\$0.00
		Total Now		5*		\$368.00
		*Taxes are subject	t to state a	nd local regula	ations and are	
		subject to change				
		*Does not include onsite training	Dealer-pa	id Travel Exp	enses related t	0
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit	Card Autl	horization	l
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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Account Owners Nam	e:		VinSolutions Account Number: 3085
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00223452		Dollar Amount: \$368.00

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: