

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

Invoice For

# **Bob Poynter Ford (4045)**

Invoice Number:OP#-00201208 Salesperson: Carrie Bermel Date Created: 6/25/2012

#### **Products**

Product	Description	Quantity	Total Price
VinSticker - REORDER 500	Reorder custom four color Vins	stickers	ф.400.00
Custom	window sticker - price per 500	1.0	\$499.00
Buyers Guide - English500	English Buyers Guide - price p	er 500 1.0	\$149.00
*this invoice does not replace or super	sede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$648.00 \$0.00 \$40.00
☐ Check By Fax	☐ One Time ACH ☐ C	<b>Total Due Now:</b> One Time Credit Card Authorizat	<b>\$688.00</b> ion
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	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 4045	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	-00201208		Dollar Amount: \$688.00	
Credit Card Pa	nyment			
CREDIT CARD INF	ORMATION			
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)**

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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: