

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

Sales and Support: 913-825-6124

Invoice For

# **Desantis Chevrolet (5255)**

Invoice Number: OP#-00223737

Salesperson: Robert Bloomquist Date Created: 11/19/2012

### **Products**

Product	Description	ſ	Qty.	List Price	Sales Price	
VinSticker - 500 Custom	Custom four color Vinstickers win 500	dow sticker - price pe	er 1.0	\$549.00	\$549.00	
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work existing custom sticker.	or changes to an	1.0	\$169.00	\$169.00	
*this invoice does not replace or super	rsede current billing	Products/Or Monthly Re One Time S <b>Total Now</b>	curring hippin	g:		\$718.00 \$0.00 \$0.00 <b>\$718.00</b>
		*Taxes are subject subject to change *Does not include onsite training				0
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Aut	horization	1
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	RIZATION
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Nam	ie:		VinSolutions Account Number: 5255	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00223737		Dollar Amount: \$718.00	

CREDIT CARD INFORMATION		
Cardholder Name:	Visa Mastercard AmEx - Please circle one	
Card Number:	Expiration Date:	

## Check by Fax

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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: