

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

Sales and Support: 913-825-6124

Invoice For

Rob Green Nissan Hyundai (2793)

Invoice Number:OP#-00267614 Salesperson: Sarah Nugent Date Created: 3/18/2013

Products						
Product	Description		Qty.	List Price	Sales Price	
VinSticker - REORDER 500 Custom	Reorder custom four color Vinstic	ckers window sticker -	1.0	\$499.00	\$499.00	
		Products/One T	ime:		\$4	199.00
		One Time Shipp	ping:			\$0.00
		One Time Sales				\$0.00
		Monthly Recurr	ring:			\$0.00
		Total Now Due	e:		\$4	199.00
		Total Monthly	Recu	rring:		\$0.00
		*Taxes are subject to state and	local regula	tions and are subject	to change	
		*Does not include Dealer-paid	Travel Expe	enses related to onsite	e training	
*this invoice does not replace or supe	rsede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit	Card Auth	norization	l
Signature				Dat	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	DRIZAT	LIUN

Account Owners Name	:		VinSolutions Account Number: 2793
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0267614		Dollar Amount: \$499.00

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: