

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

Sales and Support: 913-825-6124

Invoice For

# **Great Lakes Ford Lincoln of Ludington (5049)**

Invoice Number:OP#-00199047 Salesperson: Carrie Bermel Date Created: 6/8/2012

#### **Products**

Product	Description	Quantity	Total Price
VinSticker - 500 Custom	Custom four color Vinstickers winder sticker - price per 500	ow 1.0	\$499.00
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticke	1 ()	\$169.00
Buyers Guide - English500	English Buyers Guide - price per 50	0 1.0	\$149.00
*this invoice does not replace or superse	de current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$817.00 \$0.00 \$40.00
		<b>Total Due Now:</b>	\$857.00
$\Box$ Check By Fax $\Box$	One Time ACH ☐ One T	Time Credit Card Authorizati	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	RIZATION
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ONE TIME AUTHORIZATION					
ACCOUNT HOLDER INFORMATION					
Account Owners Nar	ne:		VinSolutions Account Number: 5049		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#	-00199047		Dollar Amount: \$857.00		
Credit Card Pa	•				
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: