

Invoice For

**Mel Hambelton Ford (3765)**

Invoice Number: OP#-00221269

Salesperson: Sarah Nugent Date Created: 10/10/2012

**Products**

Product	Description	Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 1000 Custom	Reorder custom four color Vinstickers window sticker - price per 1000	2.0	\$1,798.00	\$1,798.00	\$131.25
Buyers Guide - English1000	English Buyers Guide - price per 1000	2.0	\$558.00	\$558.00	\$40.73

\*this invoice does not replace or supersede current billing

Products/One Time: \$2,356.00  
Monthly Recurring: \$0.00  
One Time Shipping: \$120.00  
Sales Tax: \$171.98  
**Total Now Due: \$2,647.98**

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

*Copyright VinSolutions.*

**CONTRACTS**

**HASSLES**

**SERVICES**

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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 3765	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00221269		Dollar Amount: \$2,476.00	

### 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: