

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

Sales and Support: 913-825-6124

Invoice For

# **Jordan Automotive Group (4290)**

Invoice Number:OP#-00211253 Salesperson: Carrie Bermel Date Created: 8/6/2012

#### **Products**

Product	Description	Quantity	Total Price
VinSticker - 1000 Custom	Custom four color Vinstickers wind sticker - price per 1000	1.0	\$899.00
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work of changes to an existing custom sticker	1 ()	\$169.00
*this invoice does not replace or superse	de current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$1,068.00 \$0.00 \$30.00
		<b>Total Due Now:</b>	\$1,098.00
☐ Check By Fax ☐	One Time ACH ☐ One 7	Time Credit Card Authoriza	tion
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	E <b>AUTHORIZ</b> A	TION	
ACCOUNT HOLDE	R INFORMATION		
Account Owners Na	me:		VinSolutions Account Number: 4290
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	<del>+</del> -00211253		Dollar Amount: \$1,098.00
Credit Card Pa	ayment		
CREDIT CARD INF	FORMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

### Check by Fax

Card Number:

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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:

Expiration Date:

### **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: