

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

Sales and Support: 913-825-6124

Invoice For

Oak Lawn Toyota (3781)

Invoice Number:OP#-00223055 Salesperson: Carrie Bermel Date Created: 11/5/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
	Reorder custom four color Vinstickers	window sticker -	1.0			
VinSticker - REORDER 1000 Custom	price per 1000			\$899.00	\$899.00	\$80.91
Buyers Guide - English1000	English Buyers Guide - price per 1000		1.0	\$279.00	\$279.00	\$25.11
*this invoice does not replace or supersede current billing		Products/On Monthly Re One Time S Sales Tax: Total Now	currin hippin	g:		\$1,178.00 \$0.00 \$0.00 \$106.02 \$1,284.02
☐ Check By Fax	☐ One Time ACH	One Time		Card Autl	horizatio	. ,
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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 3781	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00223055		Dollar Amount: \$1,284.02	

Credit Card Payment

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

Check by Fax

v		
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: