

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

butes and support. 713 023 012

Invoice For

Don Aadsen Ford (5455)

Invoice Number:OP#-00221387 Salesperson: Sarah Nugent Date Created: 10/11/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - 500 Custom	Custom four color Vinstickers windo 500	w sticker - price pe	er 1.0	\$499.00	\$499.00	\$0.00
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticker.		\$169.00	\$169.00	\$0.00	
Buyers Guide - English500	English Buyers Guide - price per 500		1.0	\$149.00	\$149.00	\$0.00
*this invoice does not replace or super	rsede current billing	Products/On Monthly Re	currin	g:		\$817.00 \$0.00
		One Time Si Total Now		ng:		\$40.00 \$857.00
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit	Card Aut	horizatio	n
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.

ONE	TIME	AUTHO	RIZATIO	N

ONE TIME	AUTHORIZ	TION	
ACCOUNT HOLDER	INFORMATION		
Account Owners Name	e:		VinSolutions Account Number: 5455
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	00221387		Dollar Amount: \$857.00
Credit Card Pay			
Cardholder Name:			Visa Mastercard AmEx - Please circle one
Card Number:		<u> </u>	Expiration Date:

Check by Fax

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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:		

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: