

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

Sales and Support: 913-825-6124

Invoice For

Metro Ford (4057)

Invoice Number: OP#-00216833 Salesperson: Matt Griffis Date Created: 9/27/2012

Products

Product	Description		Quantity	List Price	Total Price
VinSticker - 500 Custom	Custom four color Vinsticke sticker - price per 500	ers window	1.0	\$499.00	\$499.00
Buyers Guide - Spanish 500	Buyers guide - Spanish		1.0	\$149.00	\$149.00
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative changes to an existing custo		1.0	\$169.00	\$69.00
			Products/C Monthly R One Time S	ecurring:	\$717.00 \$0.00 \$40.00
			Total D	ue Now:	\$757.00
\Box Check By Fax \Box	One Time ACH	☐ One Time C	redit Card	Authorizatio	on
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	AUTHORIZA	TION	
ACCOUNT HOLDER	RINFORMATION		
Account Owners Nam	ne:		VinSolutions Account Number: 4057
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00216833		Dollar Amount: \$757.00
Credit Card Pag	yment		
CREDIT CARD INFO	ORMATION		<u> </u>
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

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)

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: