

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

Invoice For

Sharrett (3837)

Invoice Number: OP#-00221083

Salesperson: Robert Bloomquist Date Created: 10/9/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 500 Custom	Reorder custom four color Vinsticker price per 500	s window sticker -	1.0	\$549.00	\$549.00	
Buyers Guide - English500	English Buyers Guide - price per 500		1.0	\$149.00	\$149.00	
*this invoice does not replace or supe	rsede current billing	Products/On Monthly Red One Time St Sales Tax:	currin	g:		\$698.00 \$0.00 \$40.00 \$0.00
☐ Check By Fax	□ One Time ACH	Total Now I ☐ One Time (Card Aut	horizatio	\$738.00 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

ACCOUNT HOLDER	INFORMATION			
Account Owners Name: Address Line 1: Address Line 2:			VinSolutions Account Number: 3837 Phone Number: Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00221083			Dollar Amount: \$738.00	
	ORMATION		Visa Mastercard AmEx - Please circle one	
Cardholder Name:	DRMATION		Visa Mastercard AmEx - Please circle one Expiration Date:	
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INF	FORMATION (ACTUAL C			
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INF			Expiration Date:	
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INF MUST ACCOMPANY Bank Name:	FORMATION (ACTUAL C		Expiration Date: Bank Phone:	
	FORMATION (ACTUAL C		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: