

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

Invoice For

Klick Lewis, Inc. (3945)

Invoice Number:OP#-00216310 Salesperson: Carrie Bermel Date Created: 9/14/2012

Products

| Product | Description | Quantity | Total Price |
|---|--|--|-------------------------------|
| VinSticker - REORDER 500 Custom | Reorder custom four color Vinstic window sticker - price per 500 | ckers 1.0 | \$499.00 |
| Buyers Guide - English500 | English Buyers Guide - price per | 500 1.0 | \$149.00 |
| *this invoice does not replace or super | rsede current billing | Products/One Time: Monthly Recurring: One Time Shipping: | \$648.00 \$0.00 \$40.00 |
| ☐ Check By Fax | ☐ One Time ACH ☐ One | Total Due Now: e Time Credit Card Authorizat | \$688.00 |
| 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.

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| ACCOUNT HOLDE | R INFORMATION | | | |
|--|-------------------------|------|-----------------------------------|--|
| Account Owners Name: Address Line 1: Address Line 2: | | | VinSolutions Account Number: 3945 | |
| | | | Phone Number: Fax Number: | |
| | | | | |
| | | | | |
| City: | State: | Zip: | Email: | |
| City: Opportunity ID: OP# | \$ -00216310 | Zip: | Email: Dollar Amount: \$688.00 | |
| • | +-00216310 ayment | Zip: | | |
| Opportunity ID: OP# | +-00216310 ayment | Zip: | | |

| 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: |