

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

Invoice For

Great Lakes Ford Lincoln of Ludington (5049)

Invoice Number:OP#-00199047 Salesperson: Carrie Bermel Date Created: 6/7/2012

Products

| Product | Description | Quantity | _ | otal rice |
|---|--|---|------------|-------------------------------|
| | | | | |
| VinSticker - 500 Custom | Custom four color Vinstickers window sticker - price per 500 | 1.0 | | \$499.00 |
| VinStickers - Custom / Ad Hoc Design Fee | New custom sticker creative work or changes to an existing custom sticker. | 1.0 | | \$169.00 |
| Buyers Guide - English500 | English Buyers Guide - price per 500 | 1.0 | | \$149.00 |
| *this invoice does not replace or superse | de current billing | Products/O Monthly Rec One Time S | curring: | \$817.00 \$0.00 \$40.00 |
| | | Total D | ue Now: | \$857.00 |
| \Box Check By Fax \Box | One Time ACH ☐ One Time | Credit Card Aut | horization | 1 |
| 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 | RIZA | TION |
|-----|------|-------|------|------|
| | | | | |

| Account Owners Name | : | | VinSolutions Account Number: 5049 |
|-----------------------|---------|------|-----------------------------------|
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#-0 | 0199047 | | Dollar Amount: \$189.00 |

Visa Mastercard AmEx - Please circle one

Check by Fax

Cardholder Name:

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: |