

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

Invoice For

# **Bill Rapp Superstore (2138)**

Invoice Number:OP#-00216314 Salesperson: Robert Bloomquist Date Created: 9/14/2012

#### **Products**

Product	Description	Quantity	Total Price
VinSticker - REORDER 500 Custom	Reorder custom four color Vinst window sticker - price per 500	ickers 1.0	\$549.00
Buyers Guide - English500	English Buyers Guide - price pe	r 500 1.0	\$149.00
*this invoice does not replace or supe	rsede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$698.00 \$0.00 \$40.00
☐ Check By Fax [	□ One Time ACH □ O	Total Due Now: ne Time Credit Card Authorizat	<b>\$738.00</b> ion
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	)RIZAT	LIUN

ACCOUNT HOLDER I	NFORMATION		
Account Owners Name:			VinSolutions Account Number: 2138
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	216314		Dollar Amount: \$738.00

## **Credit Card Payment**

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	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: