

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

Sales and Support: 913-825-6124

Invoice For

Atamian VW Honda (4282)

Invoice Number:OP#-00276149 Salesperson: Robert Bloomquist Date Created: 4/23/2013

Products

Product	Description		List Price	Sales Price	
VinSticker - REORDER 500 Custom	Reorder custom four color Vinstickers window sticker - price per 500	1.0	\$549.00	\$549.00	
Buyers Guide - English500	English Buyers Guide - price per 500	1.0	\$149.00	\$149.00	

Products/One Time: \$698.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$0.00
Total Now Due: \$698.00
Total Monthly Recurring: \$0.00

*this invoice does not replace or supersede current billing

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

Signature

Copyright VinSolutions.







^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training

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
		/ N N / H H H N /	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

ONE TIME	AUTHORIZA	ATION	
ACCOUNT HOLDER	RINFORMATION		
Account Owners Nam	ne:		VinSolutions Account Number: 4282
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00276149		Dollar Amount: \$698.00
Credit Card Pa	vment		
CREDIT CARD INFO			
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: