

Invoice For

**Hennessy Jaguar Gwinnett (5080)**

Invoice Number: OP#-00209332

Salesperson: Matt Griffis Date Created: 7/19/2012

**Products**

| Product                                  | Description  | Quantity | Total Price |
|--|--|----------|-------------|
| 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    |

Products/One Time: \$668.00  
Monthly Recurring: \$0.00  
One Time Shipping: \$20.00

\*this invoice does not replace or supersede current billing

**Total Due Now: \$688.00**☐ Check By Fax☐ One Time ACH☐ One Time Credit Card Authorization

Signature

Date

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VinSolutions  
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Overland Park, KS 66202  
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(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 AUTHORIZATION

| ACCOUNT HOLDER INFORMATION   |        |                                   |        |
|------------------------------|--------|-----------------------------------|--------|
| Account Owners Name:         |        | VinSolutions Account Number: 5080 |        |
| Address Line 1:              |        | Phone Number:                     |        |
| Address Line 2:              |        | Fax Number:                       |        |
| City:                        | State: | Zip:                              | Email: |
| Opportunity ID: OP#-00209332 |        | Dollar Amount: \$688.00           |        |

### Credit Card Payment

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

### Check by Fax

| 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:  |