

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

Sales and Support: 913-825-6124

Invoice For

Keeter Motors Inc (5916)

Invoice Number:OP#-00263284 Salesperson: Matt Griffis Date Created: 3/8/2013

Products

Product	Description		List Price	Sales Price	Sales Tax
VinSticker - 500 Custom	Custom four color Vinstickers window sticker - price per 500	1.0	\$499.00	\$499.00	\$33.68
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticker.	1.0	\$169.00	\$169.00	

Products/One Time: \$668.00
One Time Shipping: \$0.00
One Time Sales Tax: \$33.68
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$701.68
Total Monthly Recurring: \$0.00

*this invoice does not replace or supersede current billing

 \square Check By Fax \square One Time ACH \square 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	RIZA	TION

Account Owners Name:			VinSolutions Account Number: 5916	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00)263284		Dollar Amount: \$701.68	

Visa Mastercard AmEx - Please circle one

Cardholder Name: Card Number:

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:

Expiration Date:

ACH (Electronic Debit)

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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: