

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

Sales and Support: 913-825-6124

Invoice For

Toyota/Scion of Muncie (2646)

Invoice Number:OP#-00277558 Salesperson: Matt Griffis Date Created: 5/10/2013

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 250 Custom	Reorder custom four color price per 250	Vinstickers window sticker	1.0	\$279.00	\$279.00	\$19.53
		Products/One 7			\$2	279.00
		One Time Ship			A	\$0.00
		One Time Sale			3	\$19.53
		Monthly Recur		1 00		\$0.00
		Monthly Recur		les Tax:	.	\$0.00
		Total Now Du			\$2	298.53
		Total Monthly	Recui	ring:		\$0.00
		*Taxes are subject to state and	local regulati	ons and are subject	to change	
		*Does not include Dealer-paid	Travel Exper	ses related to onsit	e training	
this invoice does not replace or super	sede current billing					
☐ Check By Fax ☐	One Time ACH	☐ One Time	Credit	Card Aut	horization	1

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Signature





Date

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
	# # I V # # 2		

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER IN	FORMATION			
Account Owners Name:			VinSolutions Account Number: 2646	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-002	77558		Dollar Amount: \$298.53	
Credit Card Paym				
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

Check by Fax

Card Number:

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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:

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: