

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

Invoice For

Hartford Toyota Superstore (4315)

Invoice Number: OP#-00214481

Salesperson: Robert Bloomquist Date Created: 8/23/2012

Products

Product	Description	Quantity	Total Price
VinSticker - REORDER 500 Custom	Reorder custom four color Vinstic window sticker - price per 500	kers 1.0	\$549.00
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work changes to an existing custom stick	1 ()	\$169.00
Buyers Guide - English500	English Buyers Guide - price per 5	500 1.0	\$149.00
*this invoice does not replace or superse	de current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$867.00 \$0.00 \$40.00
		Total Due Now:	\$907.00
☐ Check By Fax ☐	One Time ACH ☐ One	Time Credit Card Authorizati	on
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	RIZA	TION

Account Owners Name:			VinSolutions Account Number: 4315
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00)214481		Dollar Amount: \$907.00

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: