

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

Sales and Support: 913-825-6124

Invoice For

# Serra Toyota Of Decatur (5464)

Invoice Number:OP#-00222678 Salesperson: Matt Griffis Date Created: 10/29/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - 500 Custom	Custom four color Vinstickers win	ndow sticker - price pe	r 1.0	\$499.00	\$499.00	
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work existing custom sticker.	New custom sticker creative work or changes to an		\$169.00	\$169.00	
Buyers Guide - English500	English Buyers Guide - price per	500	1.0	\$149.00	\$149.00	
		Products/On-	e Tim	ie:		\$817.00
*this invoice does not replace or supersede current billing		Monthly Recurring:			\$0.00	
		One Time Sl		ıg:		\$0.00
		Total Now I				\$817.00
☐ Check By Fax	☐ One Time ACH	☐ One Time (	Credit	Card Aut	horizatio	n
Signature				Da	te	

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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	DRIZAT	LIUN

ACCOUNT HOLDER INFORMATION			
Account Owners Nam	ne:		VinSolutions Account Number: 5464
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00222678		Dollar Amount: \$817.00
			•

# **Credit Card Payment**

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

## Check by Fax

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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:	

## **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: