

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

Sales and Support: 913-825-6124

Invoice For

# **Dorschel Central (1620)**

Invoice Number:OP#-00216485 Salesperson: Matt Griffis Date Created: 10/9/2012

### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Post Card 6" X 11"	Post Card 6" X 11" used for campaigns. Campaigns include a website banner, email template and landing page. Table tops, phone calls, hang tags and posters are extra.			0 \$1,120.00	\$1,000.00	
Postage 1st Class	Postage 1st Class.		2000.	900.00	\$900.00	
Capture Customer Conquest Record	Capture Customer Conquest Reco	rd.	2000.	0 \$200.00	\$200.00	
*this invoice does not replace or supersede current billing		Products/One Time: Monthly Recurring: One Time Shipping: Sales Tax: Total Now Due:				\$2,100.00 \$0.00 \$0.00 \$0.00 <b>\$2,100.00</b>
☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card Authorization				
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.

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ONE TIME AUTHORIZATION					
ACCOUNT HOLDER IN	FORMATION				
Account Owners Name:			VinSolutions Account Number: 1620		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-002	16485		Dollar Amount: \$2,100.00		
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: