

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

Sales and Support: 913-825-6124

Invoice For

# Foster Chevrolet Cadillac Inc. (4196)

Invoice Number: OP#-00253897

Salesperson: Robert Bloomquist Date Created: 1/28/2013

#### Products

Product	Descri	Description		List Price	Sales Price	Sales Tax
VinSticker - REORDER 250 Custor	n Reorder custom four color price per 250	Vinstickers window sticker -	1.0	\$319.00	\$319.00	\$20.74
		Products/One T One Time Ship			\$3	319.00 \$0.00
		One Time Sales			9	\$20.74
		Monthly Recur	ring:			\$0.00
		Monthly Recur	ring Sa	les Tax:		\$0.00
		<b>Total Now Due</b>	e:		\$3	339.74
		<b>Total Monthly</b>	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 su	persede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time (	Credit	Card Autl	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
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Name			VinSolutions Account Number: 4196
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0253897		Dollar Amount: \$339.74

Visa Mastercard AmEx - Please circle one

### Check by Fax

Cardholder Name:

Card Number:

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: