

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

Sales and Support: 913-825-6124

Invoice For

# Clay Cooley Suzuki Arlington (3083)

Invoice Number:OP#-00223451

Salesperson: Jennifer Barnhart Duvall Date Created: 11/15/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 250 Custom	Reorder custom four color Vinsticker price per 250		1.0	\$279.00	,	\$22.32
Buyers Guide - English250	English Buyers Guide - price per 250		1.0	\$89.00	\$89.00	\$7.12
*this invoice does not replace or sup	ersede current billing	Products/On Monthly Re One Time S Sales Tax: <b>Total Now</b>	curring hipping	g:		\$368.00 \$0.00 \$0.00 \$29.44 <b>\$397.44</b>
		*Taxes are subject subject to change *Does not include onsite training		C		70
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norization	1
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					
ATION						
Account Owners Name:		VinSolutions Account Number: 3083				
Address Line 1:		Phone Number:				
		Fax Number:				
State:	Zip:	Email:				
		Dollar Amount: \$397.44				
ī						
		Visa Mastercard AmEx - Please circle one				
	ATION	State: Zip:				

### Check by Fax

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:		