

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

Invoice For

Hickory Used Car Superstore (4633)

Invoice Number:OP#-00221289 Salesperson: Matt Griffis Date Created: 10/12/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 500 Custom	Reorder custom four color Vinsticke	rs window sticker -	1.0	\$499.00	\$499.00	\$34.93
Buyers Guide - English1000	price per 500 English Buyers Guide - price per 100	00	1.0	\$279.00		\$19.53
		Products/Or				\$778.00
*this invoice does not replace or supersede current billing		Monthly Re One Time S		_		\$0.00 \$50.00
		Sales Tax:				\$54.46
☐ Check By Fax	□ One Time ACH	Total Now I ☐ One Time		Card Aut	horizatio	\$882.46 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	RIZATIO	N

Bank Name:

Name on Bank Acct: Bank Routing Number: Checking Account Number:

ACCOUNT HOLDE	ER INFORMATION			
Account Owners Na	me:		VinSolutions Account Number: 4633	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP	#-00221289		Dollar Amount: \$828.00	
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Credit Card Pack CREDIT CARD INF	•			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Card Number:			Expiration Date:	
Check by Fax				
CHECK BY FAX IN	NFORMATION (ACTUAL C	HECK		
MUST ACCOMPA	NY THIS FORM) DO NOT N	MAIL		
Bank Name:			Bank Phone:	
Name on Bank Acct	:		Check Number:	
Bank Routing Numb	per:		Checking Account Number:	
ACH (Electron	nic Debit)			
ACH /ELECTRONI	C DEBIT) (VOIDED CHEC	K MUST		
ACH (ELECTRONI	C DEDIT) (VOIDED CHEC	K MOS1		

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date:

Bank Phone: