

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

Sales and Support: 913-825-6124

Invoice For

Greenway Dodge Chrysler Jeep Ram (5526)

Invoice Number: OP#-00222946 Salesperson: Matt Griffis Date Created: 10/31/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Data Appending	Recurring appending your cu	istomer data.	1.0	\$149.00	\$149.00	
VinSticker - 1000 Custom	Custom four color Vinstickers window sticker - price po		er 2.0	\$1,798.00	\$1,798.00	\$116.87
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticker.		1.0	\$169.00	\$169.00	
Data Appending onetime fee	Onetime fee to initially appe	nd customer data.	1.0	\$149.00	\$149.00	
		Products/On	e Tim	ie:		\$2,116.00
*this invoice does not replace or supersede current billing		Monthly Recurring:				\$149.00
		One Time S	hippir	ng:		\$0.00
		Sales Tax:				\$116.87
		Total Now 1	Due:			\$2,381.87
☐ 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	RIZATION
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ONE TIME	AUTHORIZA	ATION	
ACCOUNT HOLDER	RINFORMATION		
Account Owners Nam	ne:		VinSolutions Account Number: 5526
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00222946		Dollar Amount: \$2,381.87
Credit Card Pa	yment		
CREDIT CARD INFO	ORMATION		
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)

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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: