

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

Invoice For

JM Lexus (2769)

Invoice Number:OP#-00216844 Salesperson: Matt Griffis Date Created: 9/28/2012

Products

Product	Description	Quantity	List Price	Total Price
VinSticker - REORDER 1000 Custom	Reorder custom four color Vinstickers window sticker - price per 1000	1.0	\$899.00	\$899.00
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticker.	1.0	\$169.00	\$69.00
*this invoice does not replace or superse	de current billing	Products/C Monthly R One Time	lecurring:	\$968.00 \$0.00 \$30.00
☐ Check By Fax ☐	One Time ACH ☐ One Tim	Total Done Credit Card	Oue Now: Authorization	\$998.00
Signature			Date	

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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	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFORM	ATION			
Account Owners Name:			VinSolutions Account Number: 2769	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00216844			Dollar Amount: \$998.00	
Credit Card Payment				
CREDIT CARD INFORMATIO	N			
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: