

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

Sales and Support: 913-825-6124

Invoice For

Hawk Ford of Oak Lawn (4316)

Invoice Number:OP#-00247721 Salesperson: Matt Griffis Date Created: 1/14/2013

Products

Product	Description		List Price	Sales Price	
VinSticker - REORDER 500 Custom	Reorder custom four color Vinstickers window sticker - price per 500	1.0	\$499.00	\$499.00	
Buyers Guide - English500	English Buyers Guide - price per 500	1.0	\$149.00	\$149.00	

Products/One Time: \$648.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$0.00
Total Now Due: \$648.00
Total Monthly Recurring: \$0.00

*this invoice does not replace or supersede current billing

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

Signature

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^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training

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	E AUTHORIZA	TION	
ACCOUNT HOLDE	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 4316
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00247721		Dollar Amount: \$648.00
Credit Card Pa	·		
Cardholder Name:			Visa Mastercard AmEx - Please circle one
Card Number:	_		Expiration Date:

Check by Fax

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:

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: