

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

Invoice For

Glenn Toyota (5180)

Invoice Number:OP#-00205232 Salesperson: Carrie Bermel Date Created: 6/27/2012

Products

Product	Description	Quantity	Total Price
VinSticker - 500 Custom	Custom four color Vinstickers window sticker - price per 500	2.0	\$998.00
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticker.	2.0	\$338.00
Buyers Guide - English500	English Buyers Guide - price per 500	1.0	\$149.00
*this invoice does not replace or superse	Products/One Time: Monthly Recurring: One Time Shipping:	\$1,485.00 \$0.00 \$60.00	
		Total Due Now:	\$1,545.00
☐ Check By Fax ☐	One Time ACH \Box One Time	e Credit Card Authoriza	tion
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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5180	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-002	205232	•	Dollar Amount: \$1,545.00	

Credit Card Payment

CREDIT CARD INFORMATION	
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)

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: