

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

Invoice For

Royal South Toyota Scion (3223)

Invoice Number:OP#-00207074 Salesperson: Carrie Bermel Date Created: 7/2/2012

Products

Product	Description	Quantity	Total Price
VinSticker - REORDER 500 Custom	Reorder custom four color Vinsticker window sticker - price per 500	rs 1.0	\$499.00
VinSticker - REORDER 250 Custom	Reorder custom four color Vinsticker window sticker - price per 250	TS 1.0	\$279.00
Buyers Guide - English500	English Buyers Guide - price per 500	1.0	\$149.00
*this invoice does not replace or supers	sede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$927.00 \$0.00 \$55.00
		Total Due Now:	\$982.00
☐ Check By Fax ☐	One Time ACH ☐ One Ti	me Credit Card Authorizat	ion
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	RIZATION
	# # I V # # 2		

Account Owners Name	:		VinSolutions Account Number: 3223
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0207074		Dollar Amount: \$982.00

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: