

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

Sales and Support: 913-825-6124

Invoice For

# **Bison Motor Company (2167)**

Invoice Number:OP#-00222864 Salesperson: Sarah Nugent Date Created: 10/29/2012

#### **Products**

| Product                                | Description  |   | Qty.   | List<br>Price | Sales<br>Price | Sales<br>Tax                 |
|--|--|---|--------|---------------|----------------|------------------------------|
| VinSticker - REORDER 500 Custom        | Reorder custom four color Vinsticker price per 500 | s window sticker -                      | 1.0    | \$499.00      | \$499.00       |                              |
| Buyers Guide - English500              | English Buyers Guide - price per 500               |   | 1.0    | \$149.00      | \$149.00       |                              |
| *this invoice does not replace or supe | rsede current billing                              | Products/On<br>Monthly Re<br>One Time S | currin | g:            |                | \$648.00<br>\$0.00<br>\$0.00 |
| ☐ Check By Fax                         | □ One Time ACH                                     | <b>Total Now</b> I □ One Time (         |        | Card Aut      | horizatio      | <b>\$648.00</b><br>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 | RIZA | TION |
|-----|------|-------|------|------|
|     |      |       |      |      |

| ONE TIME AUTHORIZATION |               |      |  |  |
|------------------------|---------------|------|--|--|
| ACCOUNT HOLDE          | R INFORMATION |      |  |  |
| Account Owners Nar     | me:           |      | VinSolutions Account Number: 2167        |  |
| Address Line 1:        |               |      | Phone Number:                            |  |
| Address Line 2:        |               |      | Fax Number:                              |  |
| City:                  | State:        | Zip: | Email:                                   |  |
| Opportunity ID: OP#    | ‡-00222864    |      | 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)**

| 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:  |