

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

Invoice For

# **Hickory Used Car Superstore (4633)**

Invoice Number:OP#-00221289 Salesperson: Matt Griffis Date Created: 10/10/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
	Reorder custom four color Vinsticker	v window sticker				
VinSticker - REORDER 1000 Custom	price per 1000	s willdow sticker -	1.0	\$899.00	\$899.00	\$62.93
Buyers Guide - English500	English Buyers Guide - price per 500		1.0	\$149.00	\$149.00	\$10.43
*this invoice does not replace or super	rsede current billing	Products/On Monthly Red One Time Si Sales Tax: Total Now	currin hippir	g:		\$1,048.00 \$0.00 \$50.00 \$73.36 <b>\$1,171.36</b>
☐ Check By Fax	☐ One Time ACH	☐ One Time		Card Aut	horizatio	,
Signature				Da	te	

Copyright VinSolutions.







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 A	UTHORIZA	ATION	
ACCOUNT HOLDER IN	FORMATION		
Account Owners Name:			VinSolutions Account Number: 4633
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0022	21289		Dollar Amount: \$1,098.00
Credit Card Paym			
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: