

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

Invoice For

# Blue Ridge Nissan (2642)

Invoice Number:OP#-00200340 Salesperson: Carrie Bermel Date Created: 6/14/2012

#### **Products**

Product	Description	Quantity	Total Price
	Custom four calor Vinstialisms		
VinSticker - 250 Custom	Custom four color Vinstickers sticker - price per 250	vindow 1.0	\$279.00
Buyers Guide - English250	English Buyers Guide - price p	per 250 1.0	\$89.00
		Products/One Time:	\$368.00
*this invoice does not replace or sup	ersede current billing	Monthly Recurring:	\$0.00
		One Time Shipping:	\$30.00
		<b>Total Due Now:</b>	\$398.00
☐ Check By Fax	☐ One Time ACH ☐	One Time Credit Card Authorizat	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.

ONE	TIME	AUTHO	RIZATION
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ONE TIME AUTHORIZATION			
ACCOUNT HOLDER	RINFORMATION		
Account Owners Nam	ne:		VinSolutions Account Number: 2642
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00200340		Dollar Amount: \$398.00
C - 14 C - 1 D	4		
Credit Card Pa	yment		
CREDIT CARD INFORMATION			
Cardholder Name:			Visa Mastercard AmEx - Please circle one

### Check by Fax

Card Number:

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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:

Expiration Date:

### **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: