

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

Sales and Support: 913-825-6124

Invoice For

TERRY LEE HONDA (4329)

Invoice Number:OP#-00223343 Salesperson: Carrie Bermel Date Created: 11/14/2012

Products

Product	Description		Qty.	List Price	Sales Price	
VinSticker - REORDER 1000 Custom	Reorder custom four color Vinstickers price per 1000	window sticker -	1.0	\$899.00	\$899.00	\$62.93
Buyers Guide - English1000	English Buyers Guide - price per 1000)	1.0	\$279.00	\$279.00	\$19.53
*this invoice does not replace or supe	ersede current billing	Products/On Monthly Red One Time Stales Tax: Total Now 1	curring hipping	;:		\$1,178.00 \$0.00 \$0.00 \$82.46 \$1,260.46
		*Taxes are subject subject to change *Does not include to onsite training	to state a			e
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit	Card Aut	horizatio	on
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	RIZATION
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Account Owners Nam	ie:		VinSolutions Account Number: 4329
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00223343		Dollar Amount: \$1,260.46

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: