

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

Invoice For

# Bob Bell Nissan Kia (3141)

Invoice Number:OP#-00217201 Salesperson: Robert Bloomquist Date Created: 10/4/2012

### **Products**

Product	Description		Quantity	Total Price
VinSticker - REORDER 500 Custom	Reorder custom four window sticker - pric	• • • • • • • • • • • • • • • • • • • •	1.0	\$549.00
Buyers Guide - English500	English Buyers Guide	e - price per 500	1.0	\$149.00
	4198	Products/Or		\$698.00 \$0.00
*this invoice does not replace or supersede current billing		Monthly Recurring; One Time Shipping:		\$40.00
		Sales Tax:	mpping.	\$41.88
		<b>Total Now</b>	Due:	\$779.88
		*Taxes are subjec	t to state and local regulat	ions and are
		subject to change		
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit Card Auth	orization
Signature			Dat	e

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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

ACCOUNT HOLDI	ER INFORMATION		
Account Owners Na	me:		VinSolutions Account Number: 3141
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP	#-00217201		Dollar Amount: \$779.88
Credit Card P			
			Visa Mastercard AmEx - Please circle one
Cardholder Name:			Expiration Date:

•	
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)**

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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: