

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

Sales and Support: 913-825-6124

Invoice For

Aberdeen Chrysler Center (5043)

Invoice Number:OP#-00200268 Salesperson: Sarah Nugent Date Created: 6/13/2012

Products

Product	Description	Quantity	Total Price
VinSticker - 1000 Custom	Custom four color Vinstickers window sticker - price per 1000	1.0	\$899.00
Buyers Guide - English1000	English Buyers Guide - price per 1000	1.0	\$279.00
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticker.	1.0	\$169.00
*this invoice does not replace or superse	de current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$1,347.00 \$0.00 \$60.00
		Total Due Now:	\$1,407.00
☐ Check By Fax ☐	One Time ACH	e Credit Card Authoriza	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.

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ONE TIME AUTHORIZATION			
ACCOUNT HOLDER I	NFORMATION		
Account Owners Name:	:		VinSolutions Account Number: 5043
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	0200268		Dollar Amount: \$1,407.00
Credit Card Payment			
CREDIT CARD INFOR	RMATION		<u>.</u>
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

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: