

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

Invoice For

Bemidji Chrysler Center (2350)

Invoice Number:OP#-00208445 Salesperson: Sarah Nugent Date Created: 7/10/2012

Products

Product	Description	Quantity	Total Price
VinSticker - REORDER 250 Custom	Reorder custom four color Vinstic window sticker - price per 250	ckers 1.0	\$279.00
Buyers Guide - English500	English Buyers Guide - price per	500 1.0	\$149.00
*this invoice does not replace or supe	rsede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$428.00 \$0.00 \$35.00
☐ Check By Fax	☐ One Time ACH ☐ One	Total Due Now: e Time Credit Card Authorizat	\$463.00
Signature		Date	

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	RIZATION
		/ N N / H H H N	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

OT LE TRIVILLE THE THEORY				
ACCOUNT HOLDER INFORMATION				
Account Owners Name	e:		VinSolutions Account Number: 2350	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-(00208445	-	Dollar Amount: \$463.00	

Credit Card Payment

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: