

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

Invoice For

West County Honda (4123)

Invoice Number:OP#-00210123 Salesperson: Phil Dixon Jr Date Created: 8/1/2012

Products

Product	Description		Quantity	List Price	Total Price
Trainer - One Day	One day of on-site training v trainer. All travel expenses p		2.0	\$2,698.00	\$2,500.00
*this invoice does not replace or superso	ede current billing	N	roducts/One Ionthly Rec ne Time Sh	curring:	\$2,500.00 \$0.00 \$0.00
			Total Du		\$2,500.00
☐ Check By Fax ☐	One Time ACH	□ One Time C	redit Card	Authorizatio	on
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	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 4123	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00210123		Dollar Amount: \$2,500.00	

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: