

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

Diamond Valley Honda (3233)

Invoice For

Invoice Number:OP#-00230944 Salesperson: Darin Mayville Date Created: 11/29/2012

Products List Sales **Product Description** Qty. **Price Price** 2.0 Custom Form Design Design of custom forms \$398.00 \$398.00 Products/One Time: \$398.00 One Time Shipping: \$0.00 One Time Sales Tax: \$0.00 Monthly Recurring: \$0.00 **Total Now Due:** \$398.00 **Total Monthly Recurring:** \$0.00 *Taxes are subject to state and local regulations and are subject to change *Does not include Dealer-paid Travel Expenses related to onsite training *this invoice does not replace or supersede current billing ☐ One Time ACH ☐ One Time Credit Card Authorization ☐ Check By Fax 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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ACCOUNT HOLDER INFORMATION			
Account Owners Name:			VinSolutions Account Number: 3233
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00230944			Dollar Amount: \$398.00

Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

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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: