

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

Sales and Support: 913-825-6124

Invoice For

Titus-Will Chevrolet of Parkland (4450)

Invoice Number:OP#-00257394 Salesperson: Darin Mayville Date Created: 2/27/2013

Products

Product	Description		List Price	Sales Price
Frainer - Ongoing Campaign - 12 days Annually Onsite	Trainer - Ongoing Campaign - 12 days Annually Onsite - all airfare, hotel and rental car expenses to be paid by dealer. \$899.00			\$899.00
	Duo du eta /Ou e T	·		¢0.0
	Products/One T			\$0.00 \$0.00
	One Time Ship	ping:		\$0.0
	One Time Ship One Time Sales	ping: s Tax:		
	One Time Ship	ping: s Tax: ring:		\$0.0 \$0.0
	One Time Ship One Time Sales Monthly Recurr	ping: s Tax: ring:	ring:	\$0.0 \$0.0 \$899.0
	One Time Ship One Time Sales Monthly Recurr Total Now Duc	ping: s Tax: ring: e: Recur		\$0.00 \$0.00 \$899.00 \$899.0 0 \$899.0 0

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Signature

☐ Check By Fax





☐ One Time ACH

☐ One Time Credit Card Authorization

Date

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
	# # I V # # 2		

ACCOUNT HOLDER INFORMATION			
Account Owners Name	»:		VinSolutions Account Number: 4450
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0257394	-	Dollar Amount: \$899.00
0 11 0 10			

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: