

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

Sales and Support: 913-825-6124

Invoice For

Tasca Automotive Group, Seekonk (2671)

Invoice Number:OP#-00268346 Salesperson: Jeremy Bravard Date Created: 3/28/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
Trainer - One Day	One day of on-site training expenses paid by dealer.	with one trainer. All travel	5.0	\$6,745.00	\$4,495.00	
		Products/One T	ime:		\$4,4	195.00
		One Time Ship				\$0.00
		One Time Sales				\$0.00
		Monthly Recur				\$0.00
		Total Now Due		nnin a .	\$4,4	195.00 \$0.00
		Total Monthly	Recu	rring:		\$0.00
		*Taxes are subject to state and	local regulat	ions and are subject	to change	
		*Does not include Dealer-paid	Travel Expe	nses related to onsite	e training	
*this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Auth	norization	1
Signature				Dat	te	

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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	AUTHO	RIZA	TION

ACCOUNT HOLDER Account Owners Nan			VinSolutions Account Number: 2671
Address Line 1:	ic.		Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00268346		Dollar Amount: \$4,495.00
Credit Card Pa	yment		

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: