

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

Sales and Support: 913-825-6124

Invoice For

Terryville Chevrolet (4926)

Invoice Number: OP#-00263728 Salesperson: Jeremy Bravard Date Created: 5/9/2013

Product	Descri	Description		List Price	Sales Price	Sales Tax
Trainer - One Day	One day of on-site training expenses paid by dealer.	with one trainer. All travel	2.0	\$2,698.00	\$1,500.00	\$95.25
		Products/One T	Time:		\$1,5	500.00
		One Time Ship				\$0.00
		One Time Sale			S	\$95.25
		Monthly Recur	_	1 T		\$0.00
		Monthly Recur Total Now Du		ies rax:	¢1 <i>L</i>	\$0.00 595.25
		Total Monthly		ring:	Φ1,.	\$0.00
		*Taxes are subject to state and	local regulati	ons and are subject	to change	
		*Does not include Dealer-paid	Travel Exper	ses related to onsit	e training	
*this invoice does not replace or	r supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horization	1

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Signature





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
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Account Owners Nam	ie:		VinSolutions Account Number: 4926
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00263728		Dollar Amount: \$1,595.25

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: