

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

Sales and Support: 913-825-6124

Invoice For

Boucher Automotive (3551)

Invoice Number:OP#-00221273 Salesperson: Darin Mayville Date Created: 10/10/2012

Products

| Product | Description | | Qty. | List Price | Sales Price | Sales Tax |
|---------------------------------------|---|---|--------|---------------|----------------|--------------------------------|
| Trainer - One Day | One day of on-site training with one expenses paid by dealer. | trainer. All travel | 3.0 | \$4,047.00 | \$2,700.00 | \$0.00 |
| *this invoice does not replace or sup | ersede current billing | Products/Or Monthly Re One Time S | currin | g: | | \$2,700.00 \$0.00 \$0.00 |
| ☐ Check By Fax | □ One Time ACH | Total Now □ One Time | Due: | | | \$2,700.00 n |
| Signature | | | | Da | 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 | RIZATION |
|-----|------|-------------------------------|------------------------------------|
| | | / N N / H H H N | / 1 N 1 <i>/ /</i> / N 1 1 N / / · |

| ONE TIME | E AUTHORIZA | ATION | |
|---------------------|---------------|-------|--|
| ACCOUNT HOLDER | R INFORMATION | | |
| Account Owners Nan | ne: | | VinSolutions Account Number: 3551 |
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP# | -00221273 | | Dollar Amount: \$2,700.00 |
| Credit Card Pa | nyment | | |
| CREDIT CARD INFO | | | |
| Cardholder Name: | | | Visa Mastercard AmEx - Please circle one |

Check by Fax

Card Number:

| • | |
|--|--------------------------|
| 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: |

Expiration Date:

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: |