

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#-00223402 Salesperson: Jeremy Bravard Date Created: 3/6/2013

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Products						
Product	Descri	ption	Qty.	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	\$1,998.00	\$126.87
		Products/One Tone Time Ship			\$1,	998.00 \$0.00
		One Time Sale			\$	126.87
		Monthly Recur	_	1 T		\$0.00
		Monthly Recur Total Now Du		nes rax:	\$2.	\$0.00 124.87
		Total Monthly		rring:	Ψ 2 ,	\$0.00
		*Taxes are subject to state and	d local regulat	ions and are subjec	t to change	
		*Does not include Dealer-paid	d Travel Expe	nses related to onsi	te training	
*this invoice does not replace or	r supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Aut	horizatio	1
Signature				Da	ite	

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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)RIZAT	LIUN

ACCOUNT HOLDER INFORMATION				
Account Owners Nan	ne:		VinSolutions Account Number: 4926	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	-00223402		Dollar Amount: \$2,124.87	

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: