

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

Sales and Support: 913-825-6124

Invoice For

# Blue Ridge Nissan (2642)

Invoice Number:OP#-00277395 Salesperson: Jeremy Bravard Date Created: 5/6/2013

### **Products**

Product	Description	Qty.	List Price	Sales Price	Sales Tax
VinCamera & Software	G700 Additional freight charge for overnight delivery.	1.0	\$799.00	\$799.00	\$39.95
Overnight Shipping		1.0	\$40.00	\$40.00	\$2.00

Products/One Time: \$839.00
One Time Shipping: \$0.00
One Time Sales Tax: \$41.95
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$880.95
Total Monthly Recurring: \$0.00

\*this invoice does not replace or supersede current billing

 $\Box$  Check By Fax  $\Box$  One Time ACH

☐ One Time Credit Card Authorization

Signature Date

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<sup>\*</sup>Taxes are subject to state and local regulations and are subject to change

<sup>\*</sup>Does not include Dealer-paid Travel Expenses related to onsite training

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	RIZATI	ON

Account Owners Nan	ie:		VinSolutions Account Number: 2642	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00277395		Dollar Amount: \$880.95	

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: