

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

Sales and Support: 913-825-6124

Invoice For

## Sam Swope Buick GMC - Dixie (5656)

Invoice Number:OP#-00262851 Salesperson: Darin Mayville Date Created: 3/7/2013

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	2.0	\$2,698.00	\$2,000.00	
		Products/One T			\$2,0	00.00
		One Time Ship One Time Sales				\$0.00 \$0.00
		Monthly Recur				\$0.00
		<b>Total Now Due:</b>			\$2,000.00	
		<b>Total Monthly Recurring:</b>				\$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 o	r supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Auth	norization	l
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.

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<b>ONE TIME</b>	E AUTHORIZA	TION			
ACCOUNT HOLDE	R INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5656		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00262851			Dollar Amount: \$2,000.00		
Credit Card Pa	<u> </u>				
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: