

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

Sales and Support: 913-825-6124

Invoice For

Collection VW of Hudson (5400)

Invoice Number: OP#-00253855

Salesperson: Robert Bloomquist Date Created: 1/23/2013

Products						
Product	Descriptio	n	Qty.	List Price	Sales Price	
Capture Customer Conquest Record	Capture Customer Conquest Rec	ord.	2600.0	\$260.00		
		Products/One T	ime:			\$0.00
		One Time Shipp	_			\$0.00
		One Time Sales				\$0.00
		Monthly Recurr				\$0.00
		Total Now Due				\$0.00
		Total Monthly	Recui	rring:		\$0.00
		*Taxes are subject to state and	local regulat	ions and are subject	to change	
		*Does not include Dealer-paid	Travel Expen	nses related to onsit	e training	
*this invoice does not replace or su	persede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit	Card Autl	norizatio	n

Copyright VinSolutions.



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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Nam	ne:		VinSolutions Account Number: 5400	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	ity: State: Zip:		Email:	
Opportunity ID: OP#-	00253855		Dollar Amount: \$0.00	

Credit Card Payment

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)

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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: