

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

Sales and Support: 913-825-6124

Invoice For

## **Kolar Chevrolet Buick GMC (3742)**

Invoice Number:OP#-00244948 Salesperson: Phil Dixon Jr Date Created: 1/10/2013

Product	Descri	ption	Qty.	List Price	Sales Price	
Trainer - Day(s) In-House	Trainer - day(s) in-house. D rental, VinSolutions pays fo participants. Use multiple q more than three participants	or hotel, limit three uantities for multiple days o	n 1.0	\$999.00	\$669.33	
		Products/One 7			\$6	569.33
		One Time Ship				\$0.00
		One Time Sale				\$0.00
		Monthly Recur <b>Total Now Du</b>			\$4	\$0.00 5 <b>69.3</b> 3
		Total Monthly		rring:	φι	\$0.00
		*Taxes are subject to state and	d local regulat	ions and are subject	t to change	
		*Does not include Dealer-paid	d Travel Expen	nses related to onsi	te training	
this invoice does not replace or	supersede current billing					

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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	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 3742	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00244948		Dollar Amount: \$669.33	
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: