

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Invoice For

# **Woody Anderson Ford (5252)**

Invoice Number:OP#-00209902 Salesperson: Keith Kirby Date Created: 7/26/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Trainer - Two Day Package	Two days initial on-site traiter. All travel expenses	C	1.0	\$2,699.00	\$2,499.00
*this invoice does not replace or supers	ede current billing	M	oducts/One Ionthly Red ne Time Sh	curring:	\$2,499.00 \$0.00 \$0.00
☐ Check By Fax ☐	One Time ACH	☐ One Time C	<b>Total Du</b> redit Card		<b>\$2,499.00</b> on
Signature				Date	

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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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ACCOUNT HOLDER	INFORMATION		
Account Owners Name	e:		VinSolutions Account Number: 5252
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	)0209902		Dollar Amount: \$2,499.00

#### **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)**

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: