

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

Sales and Support: 913-825-6124

Invoice For

David Hobbs Honda (3228)

Invoice Number:OP#-00199155 Salesperson: Darin Mayville Date Created: 6/11/2012

Products

Product	Description		Quantity	List Price	Total Price
Trainer - Day(s) In-House	Trainer - day(s) in-hous airfare and car rental, V for hotel, limit three par multiple quantities for r more than three particip	inSolutions pays rticipants. Use nultiple days or	3.0	\$2,997.00	\$2,550.00
*this invoice does not replace or supersede current billing			Products/One Monthly Rec One Time Sh	curring:	\$2,550.00 \$0.00 \$0.00
			Total Du	e Now:	\$2,550.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit Card	Authorization	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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ONE TIME AUTHORIZATION					
ACCOUNT HOLDE	R INFORMATION				
Account Owners Name:			VinSolutions Account Number: 3228		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#	-00199155		Dollar Amount: \$2,550.00		
Credit Card Pa					
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: