

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

Sales and Support: 913-825-6124

Invoice For

Boulevard Auto Sales Inc (3987)

Invoice Number: OP#-00263733

Salesperson: Robert Bloomquist Date Created: 3/11/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
Buyers Guide - English500	English Buyers Guide - pri	ce per 500	1.0	\$149.00	\$149.00	
		Products/One Tone Time Ship One Time Sale Monthly Recur Total Now Du Total Monthly	pping: s Tax: ring: e:	ring:		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
		*Taxes are subject to state and	l local regulati	ons and are subject	to change	
		*Does not include Dealer-paid	l Travel Exper	nses related to onsit	e training	
*this invoice does not replace or	r supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horization	1
Signature				Da	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.

ONE	TIME	AUTHO	RIZA	TION

ACCOUNT HOLDER I Account Owners Name			VinSolutions Account Number: 3987	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	0263733		Dollar Amount: \$149.00	

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: