

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

Invoice For

# **Covert Chevrolet Buick GMC (4615)**

Invoice Number:OP#-00213445 Salesperson: Phil Dixon Jr Date Created: 8/13/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Trainer - One Day	One day of on-site training v trainer. All travel expenses p		2.0	\$2,698.00	\$2,500.00
*this invoice does not replace or supers	ede current billing	$\mathbf{N}$	roducts/One Ionthly Rec ne Time Sh	curring:	\$2,500.00 \$0.00 \$0.00
☐ Check By Fax ☐	One Time ACH	☐ One Time C	Total Du redit Card		<b>\$2,500.00</b>
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.

ONE	TIME	AUTHO	RIZATION
		/ <b>N N</b> / <b>H H H N</b> /	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Name: Address Line 1:			VinSolutions Account Number: 4615 Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00213445		Dollar Amount: \$2,500.00	

Visa Mastercard AmEx - Please circle one

### Check by Fax

Cardholder Name:

Card Number:

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:

Expiration Date:

### **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: