

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

Sales and Support: 913-825-6124

Invoice For

# Team Honda (3779)

Invoice Number:OP#-00273843 Salesperson: Phil Dixon Date Created: 4/12/2013

#### **Products**

Product	Description		List Price	Sales Price	Sales Tax
VinCamera & Software	G700	1.0	\$799.00	\$799.00	\$31.96

Products/One Time: \$799.00
One Time Shipping: \$0.00
One Time Sales Tax: \$31.96
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$830.96
Total Monthly Recurring: \$0.00

\*this invoice does not replace or supersede current billing

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

Signature

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<sup>\*</sup>Taxes are subject to state and local regulations and are subject to change

<sup>\*</sup>Does not include Dealer-paid Travel Expenses related to onsite training

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
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ONE TIME	Z AUTHORIZ <i>A</i>	ATION	
ACCOUNT HOLDE	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 3779
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00273843		Dollar Amount: \$830.96
Credit Card Pa	yment		
CREDIT CARD INFO	ORMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

### Check by Fax

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: