

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

Invoice For

Holmes Honda (4930)

Invoice Number:OP#-00216302 Salesperson: Phil Dixon Jr Date Created: 9/19/2012

Products

Product	Description	Quantity	Total Price
Trainer - One Day	One day of on-site trai trainer. All travel expe		\$2,698.00
*this invoice does not replace or sup	ersede current billing	Products/On Monthly Re One Time S	curring: \$0.00
		Total Du	, , , , , , , , , , , , , , , , , , , ,
☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card	Authorization
Signature			Date

Copyright VinSolutions.







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
		/ N N / H H H N	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Name: Address Line 1:			VinSolutions Account Number: 4930
			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00216302		Dollar Amount: \$2,698.00

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: