

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

Sales and Support: 913-825-6124

Invoice For

Kolar Chevrolet Buick GMC (3742)

Invoice Number:OP#-00223120 Salesperson: Phil Dixon Jr Date Created: 11/7/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Trainer - Day(s) In-House	Trainer - day(s) in-house. De rental, VinSolutions pays for participants. Use multiple que more than three participants.	hotel, limit three	3.0	\$2,997.00	\$2,697.00	
*this invoice does not replace or	r supersede current billing	Products/On Monthly Re One Time S	currin	g:		\$2,697.00 \$0.00 \$0.00
		Total Now		<i>6</i> .		\$2,697.00
		*Taxes are subject	t to state	and local regul	ations and are	e
		subject to change				
		*Does not include to onsite training	Dealer-p	oaid Travel Exp	enses related	
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Aut	horizatio	n
Signature				Da	ıte	

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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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Account Owners Name	2:		VinSolutions Account Number: 3742		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-0	00223120		Dollar Amount: \$2,697.00		

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: