

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

Sales and Support: 913-825-6124

Invoice For

# Hennessy Jaguar Atlanta (5079)

Invoice Number:OP#-00244374 Salesperson: Keith Kirby Date Created: 1/9/2013

### **Products**

Product	Description	Qty.	List Price	Sales Price
rainer - Ongoing Campaign - 16 days annually Onsite	Trainer - Ongoing Campaign - 16 days Annually Onsite - all airfare, hotel and rental car expenses to be paid by dealer.	1.0	\$1,199.00	\$1,100.00
	Products/One T	ime:		\$0.00
	1.	One Time Shipping:		\$0.00
	One Time Sales Tax:  Monthly Recurring:		\$0.00 \$1,100.00	
	•	Total Now Due: Total Monthly Recurring:		\$1,100.00 \$1,100.00
	<b>Total Monthly</b>			\$1,100.00
	*Taxes are subject to state and			,
	*Does not include Dealer-paid	Travel Exper	nses related to onsit	e training

\*this invoice does not replace or supersede current billing

 $\square$  Check By Fax  $\square$  One Time ACH  $\square$  One Time Credit Card Authorization

Signature

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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 Nam	e:		VinSolutions Account Number: 5079
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	00244374		Dollar Amount: \$1,100.00

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: