

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

Sales and Support: 913-825-6124

Invoice For

Chevrolet of Irvine (1922)

Invoice Number:OP#-00230358 Salesperson: Sarah Nugent Date Created: 11/28/2012

Products

Product	Description		List Price	Sales Price	Sales Tax
Buyers Guide - English250	English Buyers Guide - price per 250	1.0	\$89.00	\$89.00	\$6.90
	Products/One Time: One Time Shipping: One Time Sales Tax:			:	\$89.00
					\$0.00
					\$6.90
	Monthly Rec	urring:			\$0.00
	Monthly Rec	urring Sa	ales Tax:		\$0.00
	Total Now Due:			:	\$95.90

^{*}Taxes are subject to state and local regulations and are subject to change

Total Monthly Recurring:

*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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\$0.00

^{*}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.

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ONE TIME AUTHORIZATION					
ACCOUNT HOLDER INFO	RMATION				
Account Owners Name:			VinSolutions Account Number: 1922		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-002303	358		Dollar Amount: \$95.90		
Credit Card Paymen					
CREDIT CARD INFORMA	ΓΙΟΝ				
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: