

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

Invoice For

Friendly Ford (4742)

Invoice Number: OP#-00232319

Salesperson: Jeremy Bravard Date Created: 12/10/2012

Products					
Product	Descri	ption	Qty.	List Price	Sales Price
Trainer - One Day	One day of on-site training expenses paid by dealer.	with one trainer. All travel	2.0	\$2,698.00	\$2,398.00
		Products/One T	Time:		\$2,398.00
		One Time Ship			\$0.00
		One Time Sales			\$0.00
		Monthly Recur			\$0.00
		Total Now Du			\$2,398.00
		Total Monthly	Recui	ring:	\$0.00
		*Taxes are subject to state and	local regulati	ons and are subject	to change
		*Does not include Dealer-paid	Travel Exper	nses related to onsi	e training
this invoice does not replace or	supersede current billing				
☐ Check By Fax	\Box One Time ACH	☐ One Time	Credit	Card Aut	horization
Signature				Da	te

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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.

ONE	TIME	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION			
Account Owners Nar	ne:		VinSolutions Account Number: 4742
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00232319	-	Dollar Amount: \$2,398.00
			<u> </u>

Credit Card Payment

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: