

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

Sales and Support: 913-825-6124

Invoice For

# **Great Lakes Ford Lincoln of Ludington (5049)**

Invoice Number:OP#-00216222 Salesperson: Darin Mayville Date Created: 9/12/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Trainer - Day(s) In-House	airfare and car rental, V for hotel, limit three par multiple quantities for r	Trainer - day(s) in-house. Dealer pays airfare and car rental, VinSolutions pays for hotel, limit three participants. Use multiple quantities for multiple days or more than three participants.		\$2,997.00	\$2,400.00
*this invoice does not replace or supersede current billing		<u> </u>	Products/One Monthly Rec One Time Sh	curring:	\$2,400.00 \$0.00 \$0.00
			Total Du	e Now:	\$2,400.00
☐ Check By Fax	☐ One Time ACH	☐ One Time (	Credit Card	Authorizatio	on
Signature				Date	

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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	AUTHO	RIZATIO	N

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	RINFORMATION			
Account Owners Nam	ne:		VinSolutions Account Number: 5049	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00216222		Dollar Amount: \$2,400.00	
Credit Card Pa				
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: