

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#-00275686 Salesperson: Sarah Nugent Date Created: 4/18/2013

Products

Product	Description		List Price	Sales Price	Sales Tax
,					
Buyers Guide - English250	English Buyers Guide - price per 250	1.0	\$89.00	\$89.00	\$7.13
	Products/One	Time:			\$89.00
	One Time Shi	pping:			\$0.00
	One Time Sal	es Tax:			\$7.13
	Monthly Recu	rring:			\$0.00
	Monthly Recu	rring Sa	ales Tax:		\$0.00
	Total Now D			9	\$96.13

^{*}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.

ONE	TIME	AUTHO	RIZATION
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Account Owners Nam	ie:		VinSolutions Account Number: 1922
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00275686		Dollar Amount: \$96.13

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: