



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

Invoice For

Doral Buick GMC (3887)

Invoice Number: OP#-00206015

Salesperson: James Campbell Date Created: 10/16/2012

Products

| Product | Description | Qty. | List Price | Sales Price | Sales Tax |
|---|---|------|------------|-------------|-----------|
| Trainer - Ongoing Campaign - 4 days Annually Onsite | Trainer - Ongoing Campaign - 4 days Annually Onsite with 1 Trainer - all airfare, hotel and rental car expenses to be paid by dealer. | 1.0 | \$399.00 | \$0.00 | \$0.00 |

*this invoice does not replace or supersede current billing

Products/One Time: \$0.00
Monthly Recurring: \$0.00
One Time Shipping: \$0.00
Sales Tax: \$0.00
Total Now Due: \$0.00

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

Copyright VinSolutions.

CONTRACTS

HASSLES

SERVICES

6405 Metcalf Ave. Suite 400

•

Overland Park, KS 66202

•

T: 1.800.980.7488

•

F: 913.825.6396

•

www.vinsolutions.com

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 AUTHORIZATION

| ACCOUNT HOLDER INFORMATION | | | |
|------------------------------|--------|-----------------------------------|--------|
| Account Owners Name: | | VinSolutions Account Number: 3887 | |
| Address Line 1: | | Phone Number: | |
| Address Line 2: | | Fax Number: | |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#-00206015 | | Dollar Amount: \$0.00 | |

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: |