

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

Sales and Support: 913-825-6124

Invoice For

Collection VW of Hudson (5400)

Invoice Number:OP#-00223361 Salesperson: Carrie Bermel Date Created: 11/13/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Buyers Guide - English250	English Buyers Guide - price per 250		1.0	\$89.00	\$89.00	\$5.79
*this invoice does not replace or	supersede current billing	Products/One Monthly Rec One Time Sh Sales Tax: Total Now I	eurring nipping	5 :		\$89.00 \$0.00 \$0.00 \$5.79 \$94.79
□ Check By Fax	□ One Time ACH	*Taxes are subject to state and local regulations and ar subject to change *Does not include Dealer-paid Travel Expenses related onsite training			enses related t	o
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.

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ONE TIME AUTHORIZATION					
ACCOUNT HOLDE	R INFORMATION				
Account Owners Nar	me:		VinSolutions Account Number: 5400		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#	‡-00223361		Dollar Amount: \$94.79		
Credit Card Pa					
Cardholder Name:			Visa Mastercard AmEx - Please circle one		
Card Number:			Expiration Date:		

Check by Fax

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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: