

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

Sales and Support: 913-825-6124

Invoice For

Norman Frede Chevrolet (6081)

Invoice Number:OP#-00272998 Salesperson: Phil Dixon Date Created: 4/10/2013

Products						
Product	Descrip	tion	Qty.	List Price	Sales Price	Sales Tax
Custom Form Design	Design of custom forms		1.0	\$199.00	\$199.00	\$13.13
						·
		Products/One 7			\$1	199.00
		One Time Shipping: One Time Sales Tax:		\$0.00		
		Monthly Recur				\$13.13 \$0.00
		Monthly Recur	_	ıles Tax·		\$0.00
		Total Now Du		nes rux.	\$2	212.13
		Total Monthly		rring:	Υ-	\$0.00
		*Taxes are subject to state and	d local regulat	ions and are subject	to change	
		*Does not include Dealer-paid	d Travel Expe	nses related to onsit	e training	
*this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Aut	horization	1

Copyright VinSolutions.



Signature





Date

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	TIN	AE A	TU A	Γ HO	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFO	ORMATION			
Account Owners Name:			VinSolutions Account Number: 6081	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00272	2998		Dollar Amount: \$212.13	
Credit Card Payme				
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: