

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

Sales and Support: 913-825-6124

Invoice For

# Patriot Chevrolet Buick GMC (5414)

Invoice Number:OP#-00216836 Salesperson: Darin Mayville Date Created: 10/22/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Trainer - One Day	One day of on-site training we expenses paid by dealer.	ith one trainer. All travel	2.0	\$2,698.00	\$2,000.00	\$0.00
*this invoice does not replace or sup	persede current billing	Products/Or Monthly Re One Time S	currin	g:		\$2,000.00 \$0.00 \$0.00
_	_	<b>Total Now</b>	Due:	C		\$2,000.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Aut	horizatio	n
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	ER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5414		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#	#-00216836		Dollar Amount: \$2,000.00		
Credit Card Pa	ayment				
CREDIT CARD INF	FORMATION				
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)**

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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: