

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

Invoice For

Patriot Ford (3418)

Invoice Number:OP#-00192843 Salesperson: Phil Dixon Jr Date Created: 5/16/2012

Products

Product	Description	Quantity	Total Price
AIS Rebates - Website Integration Existing Customers only	Third party vender - website integration.	1.0	\$49.00
AIS Rebates - Website Integration Existing Customers onetime fee	Onetime fee for AIS Rebates - website integration.	1.0	\$49.00

Total: \$98.00

Shipping: \$0.00

Invoice Total

Total Due NOW: \$98.00

 \square Check By Fax \square One Time ACH \square One Time Credit Card Authorization

Signature

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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.

ONE TIME AUTHORIZATION

ACCOUNT HOLDER INFORMATION				
Account Owners Name: David White			Client ID: 3418	
Address Line 1: 2805 North 9th Avenue			Phone Number: (405) 527-6484	
Address Line 2:			Fax Number: (405) 527-8422	
City: Purcell	State: OK	Zip: 73080	Email: david.white@vinsolutions.com	
Opportunity ID: OP#-001928	43		Dollar Amount: \$98.00	

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: