

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

Sales and Support: 913-825-6124

Invoice For

# Ryan GMC Buick Cadillac (5447)

Invoice Number: OP#-00214635 Salesperson: Phil Dixon Jr Date Created: 8/27/2012

#### **Products**

Product	Description		uantity		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 integration.	- website	1.0		\$49.00
*this invoice does not replace or superse	de current billing	]	Products/O Monthly R One Time S	ecurring:	\$49.00 \$49.00 \$0.00
			Total D	ue Now:	\$98.00
☐ Check By Fax ☐	One Time ACH	One Time Cree	dit Card A	uthorizatio	on
Signature			I	Date	

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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	AUTHO	RIZATION
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ONE TIME A	U <b>THORIZ</b> A	TION	
ACCOUNT HOLDER INFO	ORMATION		
Account Owners Name:			VinSolutions Account Number: 5447
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00214	4635		Dollar Amount: \$98.00
Credit Card Payme			
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)**

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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: