

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

Invoice For

# Kendall Kia (4363)

Invoice Number:OP#-00199946 Salesperson: William Fowler Date Created: 6/13/2012

### **Products**

Product	Description	Quantity	Total Price
AIS Rebates - Website Integration	Third party vender - website integration.	1.0	\$79.00
AIS Rebates - Website integration onetime fee	Onetime fee for AIS Rebates - website integration.	1.0	\$79.00
*this invoice does not replace or su	persede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$79.00 \$79.00 \$0.00
☐ Check By Fax	☐ One Time ACH ☐ One Time	Total Due Now: Credit Card Authorization	<b>\$158.00</b> on
Signature		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	RIZATIO	N

ONE TIME AUTHORIZATION			
ACCOUNT HOLDE	R INFORMATION		
Account Owners Na	me:		VinSolutions Account Number: 4363
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	<del>‡</del> -00199946		Dollar Amount: \$158.00
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: