

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

Invoice For

Mercedes-Benz | Porsche of North Olmsted (4833)

Invoice Number:OP#-00222578 Salesperson: Keith Kirby Date Created: 10/24/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
AIS Rebates - Desking and Website Integration	Desking, website and inventory incentive integration.			\$279.00	\$279.00	\$21.63
AIS Rebates - Desking and Website integration onetime fee	Desking, website and inventory in onetime fee.	centive integration	1.0	\$279.00	\$140.00	\$10.85
*this invoice does not replace or supe	rsede current billing	Products/Or Monthly Re One Time S Sales Tax:	currin hippir	g:		\$140.00 \$279.00 \$0.00 \$32.48
☐ Check By Fax	☐ One Time ACH	Total Now I ☐ One Time		Card Autl	horizatio	\$451.48 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 AUT	HORIZA	ATION	
ACCOUNT HOLDER INFORM	MATION		
Account Owners Name:			VinSolutions Account Number: 4833
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00222578			Dollar Amount: \$419.00
Credit Card Payment CREDIT CARD INFORMATIO	DN		
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: