

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

Sales and Support: 913-825-6124

Invoice For

Jeff Wyler Honda of Colerain (3294)

Invoice Number:OP#-00223034 Salesperson: Keith Kirby Date Created: 11/2/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
AIS Rebates - Website Integration Existing Customers only	Third party vender - website integration.		1.0	\$49.00	\$49.00	\$3.19
AIS Rebates - Website Integration Existing Customers onetime fee	Onetime fee for AIS Rebates - web	site integration.	1.0	\$49.00	\$49.00	\$3.19
*this invoice does not replace or sup	ersede current billing	Products/On Monthly Re One Time S Sales Tax:	currin	g:		\$49.00 \$49.00 \$0.00 \$6.38
☐ Check By Fax	☐ One Time ACH	Total Now ☐ One Time		Card Autl	horizatio	\$104.38 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	R INFORMATION				
Account Owners Name:			VinSolutions Account Number: 3294		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#	‡-00223034		Dollar Amount: \$104.38		
Credit Card Pa					
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: