

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

Invoice For

Payne Rio Grande City Ford (4792)

Invoice Number:OP#-00214328 Salesperson: David White Date Created: 8/21/2012

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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T: 1.800.980.7488



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	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER	RINFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 4792
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00214328		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: