

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 Frankfort (3314)

Invoice Number:OP#-00191470 Salesperson: Darin Mayville Date Created: 6/20/2012

Products

Product	Description		Quantity	List Price	Total Price
PBX Phone Integration	Private branch exchange phone integration into VinSolutions' CRM		1.0	\$129.00	\$99.00
PBX phone integration onetime fee	Onetime fee for private branch exch phone integration into VinSolutions		1.0	\$1,259.00	\$1,000.00
*this invoice does not replace or superse	le current billing	Products/One Time: Monthly Recurring: One Time Shipping:			\$1,000.00 \$99.00 \$0.00
☐ Check By Fax ☐	One Time ACH	Γime C	Total Du redit Card	e Now: Authorizatio	\$1,099.00 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.

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ONE TIME	AUTHORIZA	TION	
ACCOUNT HOLDER	INFORMATION		
Account Owners Name	:		VinSolutions Account Number: 3314
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0191470		Dollar Amount: \$1,099.00
Credit Card Pay			
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: