

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

Invoice For

# **Burlington Chevrolet (5248)**

Invoice Number: OP#-00210196

Salesperson: Freddy Dubon-Ramirez Date Created: 8/2/2012

### **Products**

Description		Quantity	List Price	Total Price
Third party vendor, - incentivinto Desking module.	e integration	1.0	\$199.00	\$0.00
0110111110 100 101 1110 11000000	111001101	1.0	\$199.00	\$0.00
ede current billing		Monthl	y Recurring	g: \$0.00
One Time ACU	l Ona Tima C	_ 0 000		+
	One Time C	ieuit Caiu i	_	OII
	Third party vendor, - incentive into Desking module.  Onetime fee for AIS Rebates integration into Desking module.	Third party vendor, - incentive integration into Desking module.  Onetime fee for AIS Rebates - incentive integration into Desking module	Third party vendor, - incentive integration into Desking module.  Onetime fee for AIS Rebates - incentive integration into Desking module  1.0  Product Monthl One Tine  Total	Third party vendor, - incentive integration into Desking module.  Onetime fee for AIS Rebates - incentive integration into Desking module  Products/One Time Monthly Recurring One Time Shipping  Total Due Now:

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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	RIZA	TION

Account Owners Nam	e:		VinSolutions Account Number: 5248
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00210196		Dollar Amount: \$0.00

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: