Invoice For

Heritage Chevrolet (2685)

Invoice Number:OP#-00209766

Salesperson: Keith Kirby Date Created: 7/30/2012

Products

Product	Description	Quantity		Total Price
AIS Rebates - Website Integration	Third party vender - website integration.	1.0		$79.00
AIS Rebates - Website integration onetime fee	Onetime fee for AIS Rebates - website integration.	1.0		$79.00

*this invoice does not replace or supersede current billing

Products/One Time:	$79.00
Monthly Recurring:	$79.00
One Time Shipping:	$0.00
Total Due Now:	**$158.00**

☐ Check By Fax   ☐ One Time ACH   ☐ One Time Credit Card Authorization

Signature   Date

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CONTRACTS   HASSLES   SERVERS

6405 Metcalf Ave. Suite 400   •   Overland Park, KS 66202   •   T: 1.800.980.7488   •   F: 913.825.6396   •   www.vinsolutions.com

Payment Authorization

VinSolutions
6405 Metcalf Ave Suite 400
Overland Park, KS 66202
(P) 913-825-6300
(F) 617-904-1618

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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 2685	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00209766			Dollar Amount: $158.00	

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: