

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

Invoice For

Jeff Wyler Honda in Florence (3317)

Invoice Number:OP#-00223035 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 int	egration.	1.0	\$49.00	\$49.00	
AIS Rebates - Website Integration Existing Customers onetime fee	Onetime fee for AIS Rebates - v	vebsite integration.	1.0	\$49.00	\$49.00	
*this invoice does not replace or sup	ersede current billing	Products/Or Monthly Re One Time S Total Now	currin hippir	g:		\$49.00 \$49.00 \$0.00 \$98.00
☐ Check By Fax	☐ One Time ACH	☐ One Time		Card Aut	horizatio	
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.

ONE	TIME	AUTHO	RIZATION
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ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFORMA	TION			
Account Owners Name:			VinSolutions Account Number: 3317	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00223035			Dollar Amount: \$98.00	
Credit Card Payment CREDIT CARD INFORMATION				
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

Check by Fax

Card Number:

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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:

Expiration Date:

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: