

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

Invoice For

# **Christenson Chevrolet (3746)**

Invoice Number:OP#-00200398 Salesperson: Darin Mayville Date Created: 6/18/2012

#### **Products**

Product	Description		Quantity	Total Price
AIS Rebates - Desking Integration	1 3	Third party vendor, - incentive integration into Desking module.		\$199.00
AIS Rebates - Desking integration onetime fee		Onetime fee for AIS Rebates - incentive integration into Desking module		\$199.00
*this invoice does not replace or st	upersede current billing		Products/One Tin Monthly Recurri One Time Shippi	ng: \$199.00
			Total Due No	ow: \$398.00
☐ Check By Fax	☐ One Time ACH	☐ One Time C	Credit Card Autho	rization
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.

ONE	TIME	AUTHO	RIZATI	ON

Account Owners Name:			VinSolutions Account Number: 3746
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	200398		Dollar Amount: \$398.00

#### **Credit Card Payment**

CREDIT CARD INFORMATION	
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: