

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com

Sales and Support: 913-825-6124

Invoice For

# **Knippelmier Chevrolet (4239)**

Invoice Number:OP#-00272967 Salesperson: Phil Dixon Date Created: 4/9/2013

#### **Products**

Product	Description		List Price	Sales Price	
AIS Rebates - Website Integration Existing Customers only	Third party vender - website integration.	1.0	\$49.00	\$49.00	
AIS Rebates - Website Integration Existing Customers onetime fee	Onetime fee for AIS Rebates - website integration.	1.0	\$49.00	\$49.00	

Products/One Time: \$49.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$49.00
Total Now Due: \$98.00
Total Monthly Recurring: \$49.00

\*this invoice does not replace or supersede current billing

 $\square$  Check By Fax  $\square$  One Time ACH  $\square$  One Time Credit Card Authorization

Signature

Copyright VinSolutions.







<sup>\*</sup>Taxes are subject to state and local regulations and are subject to change

<sup>\*</sup>Does not include Dealer-paid Travel Expenses related to onsite training

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
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

ONE TIME AUTH	IORIZAT	ΓΙΟΝ	
ACCOUNT HOLDER INFORMA	ΓΙΟΝ		
Account Owners Name:			VinSolutions Account Number: 4239
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00272967			Dollar Amount: \$98.00
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: