

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

Invoice For

Tim Dahle Infiniti (2453)

Invoice Number:OP#-00216421 Salesperson: Phil Dixon Jr Date Created: 9/19/2012

Products

Product	Description	Quantity	List Price	Total Price
PBX Phone Integration	Private branch exchange phone integration into VinSolutions' CRM	1.0	\$129.00	\$99.00
PBX phone integration onetime fee	Onetime fee for private branch exchange phone integration into VinSolutions CRM	1.0	\$1,259.00	\$999.00
*this invoice does not replace or superse	de current billing	Products/C Monthly R One Time	Recurring: Shipping:	\$999.00 \$99.00 \$0.00
☐ Check By Fax ☐	One Time ACH	Total Du Credit Card		\$1,098.00 on
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	RIZATION
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ONE TIME	E AUTHORIZA	ATION	
ACCOUNT HOLDE	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 2453
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00216421		Dollar Amount: \$1,098.00
Credit Card Pa			
CREDIT CARD INFO	ORMATION		
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)

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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: