

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

Invoice For

# **Marchese Chevrolet (5250)**

Invoice Number:OP#-00200435 Salesperson: Darin Mayville Date Created: 6/19/2012

#### **Products**

Product	Description	Quantity	List Price	Total Price
AIS Rebates - Desking Integration	Third party vendor, - incentive integration into Desking module.	1.0	\$199.00	\$119.00
AIS Rebates - Desking integration onetime fee	Onetime fee for AIS Rebates - incentive integration into Desking module	1.0	\$199.00	\$0.00
*this invoice does not replace or supersede current billing			Products/One Time: Monthly Recurring: One Time Shipping:	
☐ Check By Fax □	☐ One Time ACH ☐ One Time C		<b>Oue Now:</b> Authorization	<b>\$119.00</b> 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.

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ACCOUNT HOLDER INFORMATION			
Account Owners Name	e:		VinSolutions Account Number: 5250
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	00200435		Dollar Amount: \$119.00

#### **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: