

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

Sales and Support: 913-825-6124

Invoice For

Peltier Chevrolet Cadillac (4726)

Invoice Number:OP#-00216265 Salesperson: Phil Dixon Jr Date Created: 9/13/2012

Products

Product	Description		Quantity		Total Price
AIS Rebates - Website Integration Existing Customers only	Third party vender - website	integration.	1.0		\$49.00
AIS Rebates - Website Integration Existing Customers onetime fee	Onetime fee for AIS Rebates integration.	- website	1.0		\$49.00
*this invoice does not replace or superse	de current billing		Monthly	One Time: Recurring: Shipping:	\$49.00 \$49.00 \$0.00
			Total I	Due Now:	\$98.00
☐ Check By Fax ☐	One Time ACH	One Time C	redit Card A	Authorizatio	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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Bank Name:

Name on Bank Acct: Bank Routing Number: Checking Account Number:

Account Owners Name: Address Line 1: Address Line 2: City: Opportunity ID: OP#-00216265 Credit Card Payment CREDIT CARD INFORMATION Cardholder Name: Card Number: Check by Fax CHECK BY FAX INFORMATION (ACTUAL CHECK MUST ACCOMPANY THIS FORM) DO NOT MAIL Bank Name: Name on Bank Acct: Bank Routing Number: Checking Account Number: Vinsolutions Account Number: Fax Number: Fax Number: Email: Opolar Amount: \$98.00 Credit Card Payment Visa Mastercard AmEx - Please circle one Expiration Date: Check by Fax Check by Fax Check Number: Bank Phone: Check Number: Check Number: Check Number:	recourt modber	INFORMATION			
Address Line 2: City: State: Zip: Email: Opportunity ID: OP#-00216265 Dollar Amount: \$98.00 Credit Card Payment CREDIT CARD INFORMATION Cardholder Name: Visa Mastercard AmEx - Please circle one 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:	Account Owners Name	:		VinSolutions Account Number: 4726	
City: State: Zip: Email: Opportunity ID: OP#-00216265 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:	Address Line 1:			Phone Number:	
Opportunity ID: OP#-00216265 Credit Card Payment CREDIT CARD INFORMATION Cardholder Name: Card Number: 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: Dollar Amount: \$98.00 Dollar Amount: \$98.00	Address Line 2:			Fax Number:	
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Check by Fax CHECK BY FAX INFORMATION (ACTUAL CHECK MUST ACCOMPANY THIS FORM) DO NOT MAIL Bank Name: Bank Phone: Check Number:	Cardholder Name:			Visa Mastercard AmEx - Please circle one	
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Bank Name: Bank Phone: Name on Bank Acct: Check Number:					
		THIS FORM) DO NOT I	VIAIL	Bank Phone:	
Bank Routing Number: Checking Account Number:	Name on Bank Acct:			Check Number:	
· · · ·	Bank Routing Number:	Bank Routing Number:		Checking Account Number:	

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date:

Bank Phone: