

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

Invoice For

# Salerno Duane Infiniti (3168)

Invoice Number:OP#-00206043 Salesperson: Darin Mayville Date Created: 7/2/2012

#### **Products**

| Product   | Description  |        | Quantity                              | List Price   | Total<br>Price                 |
|---|--|--------|---------------------------------------|--------------|--------------------------------|
| AIS Rebates - Desking<br>Integration                        | Third party vendor, - incentive integrinto Desking module.           | ration | 1.0                                   | \$199.00     | \$149.00                       |
| AIS Rebates - Desking integration onetime fee               | Onetime fee for AIS Rebates - incent integration into Desking module | tive   | 1.0                                   | \$199.00     | \$149.00                       |
| *this invoice does not replace or supersede current billing |  |        | Products/O<br>Monthly R<br>One Time S | ecurring:    | \$149.00<br>\$149.00<br>\$0.00 |
|   |  |        |                                       | ue Now:      | \$298.00                       |
| ☐ Check By Fax ☐  | One Time ACH ☐ One Ti  | ıme Cı | 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.

| ONE | TIME | AUTHO | )RIZAT | LIUN |
|-----|------|-------|--------|------|
|     |      |       |        |      |

| ACCOUNT HOLDER INFORMATION |        |                                   |  |  |
|----------------------------|--------|-----------------------------------|--|--|
| Account Owners Name:       |        | VinSolutions Account Number: 3168 |  |  |
| Address Line 1:            |        | Phone Number:                     |  |  |
|                            |        | Fax Number:                       |  |  |
| State:                     | Zip:   | Email:                            |  |  |
| 143                        |        | Dollar Amount: \$298.00           |  |  |
|                            | State: | State: Zip:                       |  |  |

### **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:  |