

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

Sales and Support: 913-825-6124

Invoice For

# Jeff Wyler Eastgate Auto Mall (3310)

Invoice Number:OP#-00223038 Salesperson: Keith Kirby Date Created: 11/2/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
AIS Rebates - Website Integration Existing Customers only	Third party vender - website integration.		5.0	\$245.00	\$245.00	\$15.93
AIS Rebates - Website Integration Existing Customers onetime fee	Onetime fee for AIS Rebates - w	ebsite integration.	5.0	\$245.00	\$245.00	\$15.93
*this invoice does not replace or supe	rsede current billing	Products/Or Monthly Re One Time S Sales Tax:	currin	g:		\$245.00 \$245.00 \$0.00 \$31.86
☐ Check By Fax	□ One Time ACH	Total Now : ☐ One Time		Card Autl	horizatio	<b>\$521.86</b> n
Signature				Da	te	

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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	RIZA	TION

Account Owners Nam	e:		VinSolutions Account Number: 3310
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00223038		Dollar Amount: \$521.86

#### **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: