

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

Sales and Support: 913-825-6124

Invoice For

Haley Buick GMC (2978)

Invoice Number:OP#-00216360 Salesperson: Keith Kirby Date Created: 9/18/2012

Products

Product	Description	Quantity	List Price	Total Price
PBX Phone Integration	Private branch exchange phone integratio into VinSolutions' CRM	n 1.0	\$129.00	\$129.00
PBX phone integration onetime fee	Onetime fee for private branch exchange phone integration into VinSolutions CRM	1.0	\$1,259.00	\$750.00
*this invoice does not replace or superse	le current billing	Products/C Monthly R One Time	Recurring: Shipping:	\$750.00 \$129.00 \$0.00
☐ Check By Fax ☐	One Time ACH	Total E Credit Card	Oue Now: Authorization	\$879.00 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.

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ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFORMA	TION			
Account Owners Name:			VinSolutions Account Number: 2978	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00216360			Dollar Amount: \$879.00	
Credit Card Payment				
CREDIT CARD INFORMATION			<u> </u>	
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

Check by Fax

Card Number:

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)

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: