

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

Sales and Support: 913-825-6124

Invoice For

Texoma Hyundai (4535)

Invoice Number:OP#-00198765 Salesperson: Phil Dixon Jr Date Created: 6/4/2012

Products

Product	Description	Quantity	Total Price
AIS Rebates - Desking Integration	Third party vendor, - incentive integration into Desking module.	1.0	\$199.00
AIS Rebates - Desking integration onetime fee	Onetime fee for AIS Rebates - incentive integration into Desking module	1.0	\$199.00
Credit - AutoTrader Family Discount	Onetime fee AutoTrader Family discount.	1.0	(\$199.00)
*this invoice does not replace or super	sede current billing	Monthly Re	s/One Time: \$199.00 curring: \$199.00 me Shipping: \$0.00
		Tota	l Due Now: \$199.00
☐ Check By Fax ☐	\square One Time ACH \square One Time C	Credit Card A	Authorization
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	R INFORMATION			
Account Owners Nam	ne:		VinSolutions Account Number: 4535	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00198765		Dollar Amount: \$199.00	
Credit Card Pa	vment			
CREDIT CARD INFORMATION				
Cardholder Name:	JRMATION -		Visa Mastercard AmEx - Please circle one	

Check by Fax

Card Number:

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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: