

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

Sales and Support: 913-825-6124

Invoice For

## **Mike Patton Auto Family (4160)**

Invoice Number:OP#-00223249 Salesperson: Keith Kirby Date Created: 11/12/2012

## **Products**

Product	Description	on	Qty.	List Price	Sales Price	
AIS Rebates - Website Integration	Third party vender - website into	egration.	3.0	\$237.00	\$237.00	
AIS Rebates - Website integration onetime fee	Onetime fee for AIS Rebates - w	ebsite integration.	3.0	\$237.00	\$119.97	
*this invoice does not replace or supe	ersede current billing	Products/O Monthly Ro One Time S <b>Total Now</b>	ecurring Shipping	<b>;:</b>		\$119.97 \$237.00 \$0.00 <b>\$356.97</b>
		*Taxes are subject to change *Does not include onsite training	e			o
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norization	1
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**

Authorized Name:

Authorized Signature:

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.

ACCOUNT HOLDE					
Account Owners Name: Address Line 1:			VinSolutions Account Number: 4160		
			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00223249			Dollar Amount: \$356.97		
aa					
Credit Card Pa	•				
CREDIT CARD INF	FORMATION				
Cardholder Name:			Visa Mastercard AmEx - Please circle one		
			Expiration Date:		
Card Number:					
Card Number: Check by Fax					
Card Number:  Check by Fax  CHECK BY FAX IN	IFORMATION (ACTUAL C				
Card Number:  Check by Fax  CHECK BY FAX IN  MUST ACCOMPAN	SFORMATION (ACTUAL C NY THIS FORM) DO NOT N		Expiration Date:		
Card Number:  Check by Fax  CHECK BY FAX IN  MUST ACCOMPAN  Bank Name:	NY THIS FORM) DO NOT N		Expiration Date:  Bank Phone:		
Card Number:  Check by Fax  CHECK BY FAX IN  MUST ACCOMPAN  Bank Name:  Name on Bank Accts	NY THIS FORM) DO NOT N		Expiration Date:  Bank Phone: Check Number:		
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Card Number:  Check by Fax  CHECK BY FAX IN  MUST ACCOMPAN  Bank Name:  Name on Bank Accts  Bank Routing Numb	NY THIS FORM) DO NOT n	MAIL	Expiration Date:  Bank Phone: Check Number: Checking Account Number:		

Title: Date: