

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

Invoice For

David Hobbs Honda (3228)

Invoice Number:OP#-00199048 Salesperson: Darin Mayville Date Created: 6/8/2012

Products

Product	Description		Quantity	Total Price
AIS Rebates - Desking Integration	1 2	Third party vendor, - incentive integration into Desking module.		\$199.00
AIS Rebates - Desking integration onetime fee	011011111111111111111111111111111111111	Onetime fee for AIS Rebates - incentive integration into Desking module		\$199.00
*this invoice does not replace or su	persede current billing		Products/One T Monthly Recur One Time Ship	ring: \$199.00
			Total Due N	Now: \$398.00
☐ Check By Fax	\square One Time ACH	☐ One Time C	Credit Card Auth	norization
Signature			Dat	re

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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	DRIZAT	LIUN

ACCOUNT HOLDER INFORMATION				
Account Owners Name:		VinSolutions Account Number: 3228		
Address Line 1:		Phone Number:		
Address Line 2:		Fax Number:		
State:	Zip:	Email:		
Opportunity ID: OP#-00199048		Dollar Amount: \$398.00		
	State:	State: Zip:		

Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

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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:	

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: