

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

Sales and Support: 913-825-6124

Invoice For

Homestead Chevrolet Cadillac (4364)

Invoice Number:OP#-00200110 Salesperson: Matt Griffis Date Created: 6/15/2012

Products

Product	Description		Quantity	List Price	Total Price
Digital Marketing VinSocial Maximum	Our social media experts will work with you to completely control your online social media presence. We setup and manage your Facebook, Twitter, Google+, YouTube, Google Places, Foursquare, 2.0 \$1,598.00 Yelp, Klout and 41 additional sites including DealerRater. Additionally we will post at least one blog a week and one press release a month.			\$1,598.00	
Digital Marketing VinSocial Maximum Onetime Fee	Onetime fee to establish VinSocial Maximum which includes over 50 different social media sites.		2.0	\$1,598.00	\$799.00
*this invoice does not replace or supers	Products/One Time: s invoice does not replace or supersede current billing Monthly Recurring: One Time Shipping:			curring:	\$799.00 \$1,598.00 \$0.00
			Total Du	e Now:	\$2,397.00
☐ Check By Fax ☐	One Time ACH One Time Credit Card Authorization One Time Credit Card Authorization		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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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 4364	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00200110			Dollar Amount: \$2,397.00	

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: