

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

Sales and Support: 913-825-6124

Invoice For

Ralph Thayer Automotive (4366)

Invoice Number:OP#-00267618 Salesperson: Matt Griffis Date Created: 3/20/2013

Products List Sales Sales **Product Description** Qty. **Price Price** Tax Post Card 6" X 11" used for campaigns. Campaigns include a website banner, email template and landing Post Card 6" X 11" 5462.0 \$3,058.72 \$3,058.72 \$183.52 page (requires VinSolutions' website). Phone calls, hang tags and posters are extra. Postage 1st Class Postage 1st Class. 5462.0 \$2,457.90 \$2,457.90 \$147.47 Web site - Banner Web site Banner for seasonal sales event campaign. 1.0 Creation of dealer's landing page for campaign purposes. Web site - Landing Page 1.0 Does not contain inventory. **Email Template** Dealer Branded email template from our library. 1.0 Products/One Time: \$5,516.62 One Time Shipping: \$0.00 One Time Sales Tax: \$330.99 Monthly Recurring: \$0.00 Monthly Recurring Sales Tax: \$0.00 **Total Now Due:** \$5,847.61 \$0.00 **Total Monthly Recurring:** *Taxes are subject to state and local regulations and are subject to change *Does not include Dealer-paid Travel Expenses related to onsite training *this invoice does not replace or supersede current billing ☐ One Time ACH ☐ One Time Credit Card Authorization ☐ Check By Fax 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 HOLDE	R INFORMATION						
Account Owners Name:			VinSolutions Account Number: 4366				
Address Line 1:			Phone Number:				
Address Line 2:			Fax Number:				
City:	State:	Zip:	Email:				
Opportunity ID: OP#-00267618			Dollar Amount: \$5,847.61				
Credit Card Pa	· ·						
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:			