



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

Invoice For

Castle Chevrolet (3845)

Invoice Number: OP#-00198965

Salesperson: Darin Mayville Date Created: 6/5/2012

Products

Product	Description	Quantity	List Price	Total Price
Website - VIN	Monthly fee for VIN Website, includes mobile platform for Blackberry, iphone, ipad and Droid. Choose from one of eight best practice themes with customizable colors, and customizable/movable calls to action. Includes up to 40 pages of content, 5 custom content pages, a 17-20 page service department section and the ability for dealer to customize the look and feel by moving modules around within the site. SEO includes recent customers, In addition to Inventory and Titles. These enhancements add functionality, calls to action and improve SEO.	1.0	\$1,299.00	\$1,000.00
Website - VIN onetime fee	Onetime fee to create VIN Website.	1.0	\$1,299.00	\$500.00

*this invoice does not replace or supersede current billing

Products/One Time: \$1,500.00
Monthly Recurring: \$1,000.00
One Time Shipping: \$0.00

Total Due Now: \$1,500.00

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

Copyright VinSolutions.

CONTRACTS

HASSLES

SERVERS

6405 Metcalf Ave. Suite 400



Overland Park, KS 66202



T: 1.800.980.7488



F: 913.825.6396



www.vinsolutions.com

VinSolutions
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(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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 3845	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00198965		Dollar Amount: \$1,500.00	

Credit Card Payment

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

Check by Fax

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: