

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

Sales and Support: 913-825-6124

Invoice For

Vision Chrysler Dodge Jeep Penfield (5064)

Invoice Number:OP#-00213816 Salesperson: Robert Bloomquist Date Created: 8/21/2012

Products

Product	Description	Quantity	List Price	Total Price
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns Campaigns include a website banner, email template and landing page. Tabl tops, phone calls, hang tags and poster are extra.	e 4675.0	\$2,337.50	\$2,057.00
Postage Standard Class	Postage Standard Class.	5313.0	\$1,487.64	\$1,487.64
Web site - Banner	Web site Banner for seasonal sales ever campaign.	5313.0	\$0.00	\$0.00
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.	5313.0	\$0.00	\$0.00
Email Template	Dealer Branded email template from o library.	5313.0	\$0.00	\$0.00
*this invoice does not replace or su	persede current billing	Products/On Monthly Re One Time Sh	curring:	\$3,544.64 \$0.00 \$0.00
		Total Du	ie Now:	\$3,544.64
☐ Check By Fax	☐ One Time ACH ☐ One Time	ne 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.

ONE	TIME	AUTHO	RIZATION
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ONE TIME	AUTHORIZA	ATION	
ACCOUNT HOLDER	INFORMATION		
Account Owners Name	:		VinSolutions Account Number: 5064
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0213816		Dollar Amount: \$3,544.64
Credit Card Pay			
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

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:

Expiration Date:

ACH (Electronic Debit)

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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: