

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

Sales and Support: 913-825-6124

Invoice For

Hennessy Land Rover Gwinnett (5082)

Invoice Number:OP#-00230993 Salesperson: Matt Griffis Date Created: 12/6/2012

Product	Description	Qty.	List	Sales	Sales
			Price	Price	Tax
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page. Phone calls, hang tags and posters are extra.	1500.0	\$750.00	\$675.00	\$40.50
Postage 1st Class	Postage 1st Class.	1500.0	\$675.00	\$675.00	\$40.50
Creative work - custom	Custom creative work, priced per hour	1.0	\$169.00	\$126.75	
Capture Customer Conquest Record	Capture Customer Conquest Record.	1104.0	\$110.40	\$110.40	
Web site - Banner	Web site Banner for seasonal sales event campaign.	1.0			
Email Template	Dealer Branded email template from our library.	1.0			
	One Time Shi	Products/One Time: One Time Shipping: One Time Sales Tax: Monthly Paguring:		\$1,587.15 \$0.00 \$81.00 \$0.00	
	Monthly Recu	rring			
	Monthly Recu	_	les Tax·		\$0.00
	Monthly Recu	rring Sa	les Tax:	\$1.	\$0.00 \$0.00
	•	rring Sa		\$1,0	\$0.00
	Monthly Recu Total Now Do	rring Sa. ie: y Recur	ring:	to change	\$0.00 \$0.00 668.15
this invoice does not replace or supe	Monthly Recu Total Now Di Total Monthl *Taxes are subject to state a *Does not include Dealer-pa	rring Sa. ie: y Recur	ring:	to change	\$0.00 \$0.00 668.15
*this invoice does not replace or supe □ Check By Fax	Monthly Recu Total Now Di Total Monthl *Taxes are subject to state a *Does not include Dealer-pa	rring Sa. ie: y Recur nd local regulation id Travel Expense	ring: ons and are subject ses related to onsit	to change e training	\$0.00 \$0.00 668.15 \$0.00







6405 Metcalf Ave. Suite 400 • Overland Park, KS 66202 • T: 1.800.980.7488 • F: 913.825.6396 • www.vinsolutions.com

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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ACCOUNT HOLDER	R INFORMATION		
Account Owners Nam	ne:		VinSolutions Account Number: 5082
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00230993		Dollar Amount: \$1,668.15
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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: