

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

Sales and Support: 913-825-6124

Invoice For

# Tasca Automotive Group, Cranston (2648)

Invoice Number: OP#-00221484

Salesperson: Robert Bloomquist Date Created: 10/15/2012

### **Products**

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Live Phone Calls Ala Carte	In database live phone calls for custom campaign. Onetime setup fee applies.	900.	\$2,511.00	\$2,250.00	\$0.00
Postage 1st Class	Postage 1st Class.	3660	0 \$1,647.00	\$1,647.00	\$0.00
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page. Table tops, phone calls, hang tags and posters are extra.		0 \$1,830.00	\$1,464.00	\$0.00
Live Phone Calls Ala Carte onetime fee	Onetime setup fee to pull in database customer report and establish call service.	ts 1.0	\$329.00	\$329.00	\$0.00
Web site - Banner	Web site Banner for seasonal sales event campaign.	1.0	\$0.00	\$0.00	\$0.00
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.		\$0.00	\$0.00	\$0.00
Email Template	Dealer Branded email template from our library.	1.0	\$0.00	\$0.00	\$0.00
*this invoice does not replace or super	Products/ Seede current billing Monthly One Time	Recurrin	g:		\$5,690.00 \$0.00 \$0.00
	Total No		Ŭ		\$5,690.00
☐ Check By Fax	☐ One Time ACH ☐ One Tim	ne Credi	Card Aut	horizatic	on
Signature			Da	ite	

Copyright VinSolutions.







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	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 2648	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00221484			Dollar Amount: \$5,690.00	
Credit Card Pa				
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: