

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

Sales and Support: 913-825-6124

Invoice For

Motor Mile Ford (3658)

Invoice Number:OP#-00205690 Salesperson: Carrie Bermel Date Created: 6/28/2012

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. Table tops, phone calls, hang tags and posters are extra.		6000.0	\$3,000.00	\$2,700.00
Postage Standard Class	Postage Standard Class.		6000.0	\$1,680.00	\$1,680.00
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.		1.0	\$0.00	\$0.00
Email Template	Dealer Branded email template from our library.		1.0	\$0.00	\$0.00
Web site - Banner	Web site Banner for seasonal sales event campaign.		1.0	\$0.00	\$0.00
*this invoice does not replace or so	upersede current billing		Products/One Monthly Rec One Time Sh	curring:	\$4,380.00 \$0.00 \$0.00
			Total Du	e Now:	\$4,380.00
☐ Check By Fax	□ One Time ACH	One Time	Credit Card	Authorizatio	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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ACCOUNT HOLDER INFORMATION					
Account Owners Name:			VinSolutions Account Number: 3658		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-	-00205690		Dollar Amount: \$4,380.00		

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: