

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

Invoice For

Jeff Wyler Honda in Florence (3317)

Invoice Number:OP#-00209879 Salesperson: Carrie Bermel Date Created: 7/25/2012

Products

Product	Description	Quantity	List Price	Total Price
Postage 1st Class	Postage 1st Class.	276.0	\$124.20	\$124.20
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 poster are extra.	e 276.0	\$138.00	\$110.40
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 o library.	ur 1.0	\$0.00	\$0.00
Web site - Banner	Web site Banner for seasonal sales eve campaign.	nt 1.0	\$0.00	\$0.00
		Products/0	One Time:	\$234.60
*this invoice does not replace or supersede current billing			Monthly Recurring:	
		One Time		\$0.00
		Total I	Due Now:	\$234.60
☐ Check By Fax	☐ One Time ACH ☐ One Tim	ne Credit Card	Authorization	on
Signature			Date	

Copyright VinSolutions.







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	RIZATIO	N

ONE TIME	AUTHORIZA	TION		
ACCOUNT HOLDER	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 3317	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00209879			Dollar Amount: \$234.60	
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: