

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

Sales and Support: 913-825-6124

Date

Invoice For

Carter of Manchester (5542)

Invoice Number: OP#-00241819

Salesperson: Robert Bloomquist Date Created: 1/3/2013

Products

Signature

Product	Description	Qty	List Price	Sales Price	Sales Tax
Digital Marketing SEM Package	• Monthly Strategy Session with Ad Budget Recommendations • PPC Keyword & Market Research Analysis • Search, Display, Mobile, and Remarketing Campaign Creation • Campaign Management • Bid Management • Keyword & Ad Copy Optimization • Landing Site Technology • Monthly Reporting			\$1,198.00	\$76.07
Digital Marketing SEM Budget	Dealer's Search Engine Marketing Budget per month. Used on behalf of dealer.		\$1,590.00	\$100.97	
Digital Marketing SEM Budget	Dealer's Search Engine Marketing Budget per montl Used on behalf of dealer.	2.0)		
Digital Marketing SEM Package Onetime Fee	e Onetime fee for establishing dealer's Search Engine Marketing.	2.0	\$1,798.00	\$1,798.00	\$17.98
Digital Marketing SEM Package Onetime Fee	e Onetime fee for establishing dealer's Search Engine Marketing.	2.0	\$1,798.00	\$1,598.00	\$15.98
	Products/On One Time SI One Time Sa	nipping:	:	,	396.00 \$0.00 \$33.96
		Monthly Recurring: Monthly Recurring Sales Tax:		. ,	788.00 177.04
	Total Now I	5		3 95.00	
	Total Month	nly Recu	urring:	\$2,9	965.04
*Taxes are subject to state and local regulations and are subject to chang *Does not include Dealer-paid Travel Expenses related to onsite training			_		
*this invoice does not replace or supers	ede current billing				
☐ Check By Fax ☐	One Time ACH ☐ One Tim	ne Credi	t Card Aut	horization	1

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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
		/ N N / H H H N	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Name:			VinSolutions Account Number: 5542
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00)241819		Dollar Amount: \$6,395.00

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: