

Invoice For  
**Castle Auto Outlet (1)**

Invoice Number: OP#-00209515  
Salesperson: Robert Bloomquist Date Created: 7/19/2012

**Products**

Product	Description	Quantity	List Price	Total Price
Digital Marketing SEM Budget	Dealer's Search Engine Marketing Budget per month. Used on behalf of dealer.	1.0	\$0.00	\$1,500.00
Digital Marketing Advanced SEO Package	<ul style="list-style-type: none"> <li>• Title &amp; Page Name Optimization</li> <li>• Page Heading &amp; Content Optimization</li> <li>• HTML Optimization</li> <li>• Website Lead Enhancer</li> <li>• Keyword &amp; Market Research Analysis</li> <li>• Monthly Web Ranking Report</li> <li>• Map Management Training</li> <li>• Local Listing &amp; URL Submission Plan</li> </ul>	1.0	\$799.00	\$700.00
Digital Marketing Advanced SEO Package Onetime fee	Onetime fee to build Advanced SEO.	1.0	\$799.00	\$700.00

Products/One Time: \$700.00  
Monthly Recurring: \$2,200.00  
One Time Shipping: \$0.00

**Total Due Now: \$2,900.00**

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

Copyright VinSolutions.

**CONTRACTS**

**HASSLES**

**SERVICES**



VinSolutions  
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(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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 1	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00209515		Dollar Amount: \$2,900.00	

### 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: