

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

Sales and Support: 913-825-6124

Invoice For

# Puente Hills Toyota & Scion (4844)

Invoice Number:OP#-00200347 Salesperson: Sarah Nugent Date Created: 6/14/2012

#### **Products**

Product	Description	Quantity	Total Price
Email Template	Dealer Branded email template from our library.	1.0	\$329.00
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.	1.0	\$169.00
Web site - Banner	Web site Banner for seasonal sales event campaign.	1.0	\$149.00
*this invoice does not replace or su	upersede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$647.00 \$0.00 \$0.00
		<b>Total Due Now:</b>	\$647.00
☐ Check By Fax	☐ One Time ACH ☐ One Time	ACH	
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.

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ACCOUNT HOLDER	INFORMATION		
Account Owners Name	e:		VinSolutions Account Number: 4844
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	00200347		Dollar Amount: \$647.00

### **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: