

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

Invoice For

Don White's Timonium Chrysler Jeep Dodge Ram (2989)

Invoice Number: OP#-00223079

Salesperson: Robert Bloomquist Date Created: 11/5/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
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.		5150.0	\$2,575.00	\$2,575.00	\$154.50
Postage 1st Class	Postage 1st Class.		5150.0	\$2,317.50	\$2,317.50	
Capture Customer Conquest Record	Capture Customer Conquest R	ecord.	5150.0	\$515.00	\$515.00	
Web site - Banner	Web site Banner for seasonal	sales event campaign.	1.0			
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.		1.0			
Email Template	Dealer Branded email templat	e from our library.	1.0			
		Products/On	e Tim	e:		\$5,407.50
*this invoice does not replace or sup	ersede current billing	Monthly Rec	curring	z:		\$0.00
	_	One Time Sl	nippin	g:		\$0.00
		Sales Tax:				\$154.50
		Total Now I	Due:			\$5,562.00
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit	Card Aut	horizatio	n
Signature				Da	te	

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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	RIZA	TION

ONE TIMI	E AUTHORIZA	TION		
ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 2989	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00223079			Dollar Amount: \$5,562.00	
Credit Card Pa	ayment			
CREDIT CARD INF	ORMATION			
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: