

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

Invoice For

# Sonju Superstore (2850)

Invoice Number:OP#-00210863 Salesperson: Sarah Nugent Date Created: 8/14/2012

#### **Products**

Product	Description		Quantity	List Price	Total Price
Digital Marketing VinSocial Maximum	Our social media experts will you to completely control you social media presence. We se manage your Facebook, Twitt YouTube, Google Places, Fou Yelp, Klout and 41 additional including DealerRater. Additi will post at least one blog a w press release a month.	1.0	\$799.00	\$599.00	
Digital Marketing VinSocial Maximum Onetime Fee	Onetime fee to establish VinSocial Maximum which includes over 50 different social media sites.		1.0	\$799.00	\$599.00
*this invoice does not replace or supersede current billing			Products/O Monthly R One Time S	ecurring:	\$599.00 \$599.00 \$0.00
			Total Du	e Now:	\$1,198.00
☐ Check By Fax ☐	One Time ACH	One Time C	redit Card	Authorization	on
Signature				Date	

Copyright VinSolutions.







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 TIME AUTHORIZATION			
ACCOUNT HOLDER	RINFORMATION		
Account Owners Nam	ne:		VinSolutions Account Number: 2850
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00210863		Dollar Amount: \$1,198.00
Credit Card Pa	yment		
CREDIT CARD INFO	ORMATION		<u> </u>
Cardholder Name:			Visa Mastercard AmEx - Please circle one

### Check by Fax

Card Number:

•	
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:

Expiration Date:

### **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: