

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

Sales and Support: 913-825-6124

Invoice For

# Pietroske GM (5320)

Invoice Number: OP#-00267498 Salesperson: Matt Griffis Date Created: 3/18/2013

Product	Description		List Price	Sales Price	
Digital Marketing VinSocial Maximum Budget	Used for pay per click Facebook likes. Recomm budget of \$300-\$500.	ended 1.0		\$300.00	
	Draduata	One Time:			\$0.00
		Shipping:			\$0.00
		e Sales Tax:			\$0.00
		Recurring:		\$	300.00
					こいいんいい
	Total No	w Due:		\$	
		w Due: onthly Recu	rring:		300.00 300.00 300.00
	Total Mo			\$	300.00
	Total Mo *Taxes are subject	onthly Recu	tions and are subject	\$ et to change	300.00
this invoice does not replace or super	*Taxes are subject *Does not include	onthly Recu	tions and are subject	\$ et to change	300.00

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Signature





Date

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

Account Owners Name: Address Line 1:			VinSolutions Account Number: 5320 Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00267498		Dollar Amount: \$300.00	

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: