

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

Sales and Support: 913-825-6124

Invoice For

McMinnville Toyota/Scion/VW (2716)

Invoice Number:OP#-00283088 Salesperson: Sarah Nugent Date Created: 6/6/2013

Products						
Product	Descri	Description		List Price	Sales Price	
Post Card 6" X 11"	Post Card 6" X 11" used for include a website banner, er page (requires VinSolutions tags and posters are extra.	nail template and landing	1600.0	\$896.00	\$736.00	
Postage 1st Class	Postage 1st Class.		1600.0	\$720.00	\$720.00	
Web site - Banner	Web site Banner for campai	C	1.0			
Web site - Landing Page	Creation of dealer's landing Does not contain inventory.		ses. 1.0			
Email Template	Dealer Branded email templ	late from our library.	1.0			
		Products/One One Time Shi One Time Sal Monthly Recu	ipping: les Tax:		,	56.00 \$0.00 \$0.00 \$0.00
		Total Now D	ue:			56.00
		Total Month	ly Recur	ring:		\$0.00
		*Taxes are subject to state *Does not include Dealer-p				
*this invoice does not replace o	or supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	e Credit (Card Autl	norization	
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	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 2716	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	-00283088	-	Dollar Amount: \$1,456.00	

Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

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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: