

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

Sales and Support: 913-825-6124

Invoice For

Homestead Chevrolet Cadillac (4364)

Invoice Number:OP#-00200110 Salesperson: Matt Griffis Date Created: 6/13/2012

Products

Product	Description	Quantity	Total Price
Digital Marketing VinSocial Maximum	Our social media experts will we you to completely control your social media presence. We setup manage your Facebook, Twitter YouTube, Google Places, Fours Yelp, Klout and 41 additional strincluding DealerRater. Addition will post at least one blog a weep press release a month.	online o and c, Google+, equare, ttes hally we	\$799.00
Digital Marketing VinSocial Maximum Onetime Fee	Onetime fee to establish VinSoc Maximum which includes over different social media sites.		\$799.00
*this invoice does not replace or supers	sede current billing	Products/O Monthly R One Time S	ecurring: \$799.00
		Total Du	e Now: \$1,598.00
☐ Check By Fax ☐	One Time ACH	One Time Credit Card	Authorization
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.

ONE	TIME	AUTHO	RIZA	TION

ONE TIME	AUTHORIZA	TION	
ACCOUNT HOLDER	RINFORMATION		
Account Owners Name:			VinSolutions Account Number: 4364
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00200110		Dollar Amount: \$1,598.00
Credit Card Pa			
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:	