

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

Sales and Support: 913-825-6124

Invoice For

Dralle Chevrolet & Buick Inc. (3965)

Invoice Number:OP#-00278837 Salesperson: Matt Griffis Date Created: 5/30/2013

Products List Sales Sales **Product Description** Qty. **Price Price** Tax Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing Post Card 6" X 9" 5000.0 \$2,500.00 \$2,500.00 \$175.00 page (requires VinSolutions' website). Phone calls, hang tags and posters are extra. Postage 1st Class Postage 1st Class. 5000.0 \$2,250.00 \$2,250.00 \$157.51 Capture Garage Predictor Conquest Capture Garage Predictor Conquest Record. 5000.0 \$500.00 \$500.00 Record Web site - Banner Web site Banner for campaigns. 1.0 Creation of dealer's landing page for campaign purposes. 1.0 Web site - Landing Page Does not contain inventory. **Email Template** Dealer Branded email template from our library. 1.0 Products/One Time: \$5,250.00 One Time Shipping: \$0.00 One Time Sales Tax: \$332.51 Monthly Recurring: \$0.00 Monthly Recurring Sales Tax: \$0.00 **Total Now Due:** \$5,582.51 **Total Monthly Recurring:** \$0.00 *Taxes are subject to state and local regulations and are subject to change *Does not include Dealer-paid Travel Expenses related to onsite training *this invoice does not replace or supersede current billing ☐ 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 AUTHORIZATION					
ACCOUNT HOLDER	R INFORMATION				
Account Owners Name:			VinSolutions Account Number: 3965		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00278837			Dollar Amount: \$5,582.51		
Credit Card Payment					
CREDIT CARD INFO	ORMATION		<u> </u>		
Cardholder Name:			Visa Mastercard AmEx - Please circle one		

Check by Fax

Card Number:

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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:			

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:			