

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

Sales and Support: 913-825-6124

Invoice For

Holiday Auto Group (4921)

Invoice Number: OP#-00257293

Salesperson: Jennifer Barnhart Duvall Date Created: 3/5/2013

Products

Product	Description		ty.	List Price	Sales Price	Sales Tax
Digital Marketing SEM Package	• Monthly Strategy Session with Ad Budget Recommendations • PPC Keyword & Market Research Analysis • Search, Display, Mobile, and Remarketing Campaign Creation • Campaign Management • Bid Management • Keyword & Ad Copy Optimization • Landing Site Technology • Monthly Reporting			\$799.00	\$799.00	
Digital Marketing SEM Budget	Dealer's Search Engine Marketing Budget per month. Used on behalf of dealer.					
Digital Marketing SEM Package Onetime Fee	e Onetime fee for establishing dealer's Search Engine Marketing.	e 1	1.0	\$799.00	\$599.00	\$39.53
	Products/Or	ne Time	e:		\$5	599.00
	One Time S	hipping	g:			\$0.00
	One Time S	ales Ta	ıx:		9	\$39.53
		,		\$7	\$799.00	
				\$0.00		
	Total Mont			799.00		
	*Taxes are subject to st	*Taxes are subject to state and local regulations and are subject to change *Does not include Dealer-paid Travel Expenses related to onsite training				
	*Does not include Deal					
this invoice does not replace or supers	ede current billing					
☐ Check By Fax ☐	One Time ACH	☐ One Time Credit Card Authorization				
Signature				Dat	æ	

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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	RIZATION
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ONE TIME	AUTHORIZ	ATION	
ACCOUNT HOLDER	INFORMATION		
Account Owners Name	:		VinSolutions Account Number: 4921
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0257293		Dollar Amount: \$1,437.53
Credit Card Pay			
Cardholder Name:	WATION		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: