

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

Sales and Support: 913-825-6124

Invoice For

Parks Mazda (3666)

Invoice Number:OP#-00208747 Salesperson: Matt Griffis Date Created: 7/16/2012

Products

Product	Description	Quantity	List Price	Total Price
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page. Table tops, phone calls, hang tags and poster are extra.	e 3760.0	\$1,880.00	\$1,880.00
Postage 1st Class	Postage 1st Class.	3760.0	\$1,692.00	\$1,692.00
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page. Table tops, phone calls, hang tags and poster are extra.	e 1098.0	\$549.00	\$0.00
Postage 1st Class	Postage 1st Class.	1098.0	\$494.10	\$0.00
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.	1.0	\$0.00	\$0.00
Email Template	Dealer Branded email template from o library.	ur 1.0	\$0.00	\$0.00
Web site - Banner	Web site Banner for seasonal sales eve campaign.	ent 1.0	\$0.00	\$0.00
*this invoice does not replace or supersede current billing Products/One Time: Monthly Recurring: One Time Shipping:				
		Total Du	e Now:	\$3,572.00
☐ Check By Fax	☐ One Time ACH ☐ One Time	ne Credit Card	Authorization	on
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.

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ACCOUNT HOLDER	RINFORMATION		
Account Owners Nam	ie:		VinSolutions Account Number: 3666
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00208747			Dollar Amount: \$3,572.00
Credit Card Pa CREDIT CARD INFO Cardholder Name:			Visa Mastercard AmEx - Please circle one

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: