

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

Sales and Support: 913-825-6124

Invoice For

# H&H Chevrolet (4163)

Invoice Number:OP#-00223318

Salesperson: Sarah Nugent Date Created: 11/12/2012

#### **Products**

Product	Descrip	tion	Qty.	List Price	Sales Price	Sales Tax
	,					
Post Card 6" X 11"	include a website banner, em	page. Table tops, phone calls, hang tags and posters are		\$1,680.00	\$1,380.00	\$96.60
Postage 1st Class	Postage 1st Class.		3000.0	\$1,350.00	\$1,350.00	\$94.50
Web site - Banner	Web site Banner for seasonal	sales event campaign.	1.0			
Web site - Landing Page	Creation of dealer's landing property.	Creation of dealer's landing page for campaign purposes.  Does not contain inventory.  1.0				
Email Template	Dealer Branded email templa	Dealer Branded email template from our library. 1.0				
*this invoice does not replace or supersede current billing		Products/On Monthly Red One Time Si	curring	; <b>:</b>		\$2,730.00 \$0.00 \$0.00
		Sales Tax:				\$191.10
		Total Now I	Due:			\$2,921.10
		*Taxes are subject	to state a	nd local regula	ations and are	2
		subject to change				
		*Does not include to onsite training	Dealer-pa	id Travel Exp	enses related	
☐ Check By Fax	☐ One Time ACH	☐ One Time (	Credit	Card Aut	horizatio	n
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.

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ACCOUNT HOLDER	INFORMATION			
Account Owners Nam	e:		VinSolutions Account Number: 4163	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00223318		Dollar Amount: \$2,921.10	

### **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: