

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Invoice For

Edwards Chevrolet Company, Inc. (5148)

Invoice Number:OP#-00213255 Salesperson: James Campbell Date Created: 8/13/2012

Products

Product	Description	Quantity	List Price	Total Price
Website - Microsite	Creation of dealer's microsite. Bolsters SEO as well as providing additional real estate for additional details and consume interaction. Includes one page microsite with a form. Additional content pages for information (max of 2), limited lead pag (maximum of 2) and splash links out to other dealership sites.	er 2.0	\$798.00	\$398.00
Website - Microsite Onetime Fee	Website - microsite onetime fee.	2.0	\$898.00	\$0.00
*this invoice does not replace or supers	ede current billing	Products/C Monthly F One Time	Recurring:	\$0.00 \$398.00 \$0.00
		Total I	Oue Now:	\$398.00
☐ Check By Fax ☐	One Time ACH	Credit Card	Authorizati	on
Signature			Date	

Copyright VinSolutions.







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
		/ N N / H H H N	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

ONE TIME AUTHORIZATION			
ACCOUNT HOLDE	ER INFORMATION		
Account Owners Name:			VinSolutions Account Number: 5148
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	# -00213255		Dollar Amount: \$398.00
Credit Card Pa	ayment		
CREDIT CARD INF	FORMATION		
Cardholder Name:	_	_	Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

v		
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)

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: