

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

Invoice For

Marshall Motor Co (4959)

Invoice Number:OP#-00209233 Salesperson: Sarah Nugent Date Created: 7/13/2012

Products

Product	Description	Quantity	Total Price
Email Template	Dealer Branded email template from our library.	1.0	\$329.00
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.	1.0	\$169.00
Web site - Banner	Web site Banner for seasonal sales event campaign.	1.0	\$149.00
*this invoice does not replace or su	upersede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$647.00 \$0.00 \$0.00
		Total Due Now:	\$647.00
☐ Check By Fax	☐ One Time ACH ☐ One Time	Credit Card Authorizat	ion
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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ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFORMA	TION			
Account Owners Name:			VinSolutions Account Number: 4959	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00209233			Dollar Amount: \$647.00	
Credit Card Payment				
CREDIT CARD INFORMATION				
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: