



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

Invoice For

Toyota of Wallingford (2770)

Invoice Number: OP#-00216889

Salesperson: Robert Bloomquist Date Created: 10/5/2012

Products

Product	Description	Quantity	List Price	Total Price
Postage 1st Class	Postage 1st Class.	5000.0	\$2,250.00	\$2,250.00
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 posters are extra.	5000.0	\$2,500.00	\$1,250.00
Creative/Design time - Postcard	Design charge for custom postcards. Four hours.	1.0	\$674.00	\$337.00
Web site - Banner	Web site Banner for seasonal sales event campaign.	1.0	\$0.00	\$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 our library.	1.0	\$0.00	\$0.00

*this invoice does not replace or supersede current billing

Products/One Time:	\$3,837.00
Monthly Recurring;	\$0.00
One Time Shipping:	\$0.00
Sales Tax:	\$243.66
Total Now Due:	\$4,080.66

*Taxes are subject to state and local regulations and are subject to change

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

CONTRACTS

HASSLES

SERVERS

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VinSolutions
6405 Metcalf Ave Suite 400
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(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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 2770	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00216889		Dollar Amount: \$4,080.66	

Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

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: