

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

Sales and Support: 913-825-6124

Invoice For

Handy Chevrolet (4874)

Invoice Number: OP#-00258423

Salesperson: Robert Bloomquist Date Created: 2/19/2013

Products

Product	Description	Qty.	List Price	Sales Price
Postage 1st Class	Postage 1st Class.	3500.0	\$1,575.00	\$1,575.00
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page (requires VinSolutions' website). Phone calls, hang tags and posters are extra.	3500.0	\$1,750.00	\$1,295.00
Data Appending - One Time Append	Onetime appends of your customer data.	1.0	\$1,149.00	\$1,149.00

Products/One Time: \$4,019.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$0.00
Total Now Due: \$4,019.00
Total Monthly Recurring: \$0.00

*this invoice does not replace or supersede current billing

 \square Check By Fax \square One Time ACH \square One Time Credit Card Authorization

Signature

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^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training

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
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Account Owners Nam	ie:		VinSolutions Account Number: 4874
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00258423		Dollar Amount: \$4,019.00

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: