

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

Sales and Support: 913-825-6124

Invoice For

Pietroske GM (5320)

Invoice Number:OP#-00214463 Salesperson: Carrie Bermel Date Created: 8/22/2012

Products

Product	Description	Qu	antity	List Price	Total Price
Digital Marketing VinSocial Maximum	Our social media experts will w you to completely control your of social media presence. We setup manage your Facebook, Twitter YouTube, Google Places, Fours Yelp, Klout and 41 additional si including DealerRater. Addition will post at least one blog a wee press release a month.	online o and , Google+, quare, tes ally we	1.0	\$799.00	\$599.00
Digital Marketing VinSocial Maximum Onetime Fee	Onetime fee to establish VinSoc Maximum which includes over different social media sites.		1.0	\$799.00	\$499.00
*this invoice does not replace or supersede current billing			nthly R	ne Time: ecurring: Shipping:	\$499.00 \$599.00 \$0.00
		To	tal Du	e Now:	\$1,098.00
☐ Check By Fax ☐	One Time ACH	ne Time Credi	t Card A	Authorizatio	on
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 HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 5320	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	# -00214463		Dollar Amount: \$1,098.00	
Credit Card Pa				
CREDIT CARD INF	FORMATION			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

Check by Fax

Card Number:

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)

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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: