

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

Sales and Support: 913-825-6124

Invoice For

# Kendall Kia (4363)

Invoice Number:OP#-00199951 Salesperson: Matt Griffis Date Created: 6/29/2012

### **Products**

Product	Description	Quantity	List Price	Total Price
Digital Marketing VinSocial Maximum	Our social media experts will work with you to completely control your online social media presence. We setup and manage your Facebook, Twitter, Google YouTube, Google Places, Foursquare, Yelp, Klout and 41 additional sites including DealerRater. Additionally we will post at least one blog a week and one press release a month.	1.0	\$799.00	\$799.00
AIS Rebates - Website Integration	Third party vender - website integration.	1.0	\$79.00	\$79.00
Digital Marketing VinSocial Maximum Onetime Fee	Onetime fee to establish VinSocial Maximum which includes over 50 different social media sites.	1.0	\$799.00	\$399.00
AIS Rebates - Website integration onetime fee	Onetime fee for AIS Rebates - website integration.	1.0	\$79.00	\$39.50
*this invoice does not replace or supersede current billing			Products/One Time: Monthly Recurring: One Time Shipping:	
		Total Du		\$1,316.50
☐ Check By Fax ☐	One Time ACH ☐ One Time	Credit Card	Authorizati	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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ACCOUNT HOLDER IN	NFORMATION		
Account Owners Name:			VinSolutions Account Number: 4363
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	199951		Dollar Amount: \$1,316.50
Credit Card Payn CREDIT CARD INFOR			
Cardholder Name:	WATION		Visa Mastercard AmEx - Please circle one
G 137 1			Expiration Date:
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:

## **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: