

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

Invoice For

DeNooyer Chevrolet (4801)

Invoice Number:OP#-00210183 Salesperson: Carrie Bermel Date Created: 8/2/2012

Products

Product	Description	Quantity	List Price	Total Price
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.	1.0	\$169.00	\$0.00
Creative/Design time - Web Banner	Design charge for custom web banner. Half hour.	1.0	\$84.50	\$0.00
Email Template	Dealer Branded email template from or library.	ur 1.0	\$329.00	\$0.00
*this invoice does not replace or sup	ersede current billing	Month	ts/One Time ly Recurring ne Shipping	g: \$0.00
		Tota	l Due Now:	\$0.00
\Box Check By Fax \Box One Time ACH \Box One Time \Box		e 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 INFORMATION				
Account Owners Name:		VinSolutions Account Number: 4801		
Address Line 1:		Phone Number:		
Address Line 2:		Fax Number:		
State:	Zip:	Email:		
Opportunity ID: OP#-00210183		Dollar Amount: \$0.00		
	State:	State: Zip:		

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: