

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

Sales and Support: 913-825-6124

Invoice For

Enumclaw Chrysler Jeep Dodge Ram SRT (4660)

Invoice Number:OP#-00282613 Salesperson: Sarah Nugent Date Created: 6/4/2013

Product	Description		Qty.	List Price	Sales Price	
Email Templates - Year Long Campaig 12)	Email Template year long c provides one dealer branded throughout the year. Dealer different variances of core to campaign needs. Must use of	I template to be used is entitled to up to 12 emplate depending on	12.0	\$2,748.00	\$2,748.00	
		Products/One			\$2,	748.00
		One Time Ship				\$0.00
		One Time Sale				\$0.00
		Monthly Recur Total Now D u			\$2.7	\$0.00 748.0 0
		Total Monthly		rring:	Φ2 ,	\$0.00 \$0.00
		*Taxes are subject to state an	d local regulat	ions and are subject	t to change	
		*Does not include Dealer-pai	d Travel Expe	nses related to onsit	te training	
this invoice does not replace or supe	rsede current billing					

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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.

ONE	TIME	AUTHO	RIZA	TION

ACCOUNT HOLDE	ER INFORMATION			
Account Owners Name: Address Line 1:			VinSolutions Account Number: 4660	
			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00282613			Dollar Amount: \$2,748.00	
Credit Card P CREDIT CARD INI Cardholder Name:			Visa Mastercard AmEx - Please circle one	

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: