

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

Sales and Support: 913-825-6124

Invoice For

Jackie Cooper BMW Mini (5780)

Invoice Number: OP#-00259413

Salesperson: Jennifer Barnhart Duvall Date Created: 2/22/2013

Products

Product	Description	Qty.	List Price	Sales Price
Digital Marketing SEM Package	• Monthly Strategy Session with Ad Budget Recommendations • PPC Keyword & Market Research Analysis • Search, Display, Mobile, and Remarketing Campaign Creation • Campaign Management • Bid Management • Keyword & Ad Copy Optimization • Landing Site Technology • Monthly Reporting	1.0	\$799.00	\$799.00
Digital Marketing SEM Budget	Dealer's Search Engine Marketing Budget per month. Used on behalf of dealer.	1.0		
Digital Marketing SEM Package Onetime Fee	Onetime fee for establishing dealer's Search Engine Marketing.	1.0	\$799.00	\$799.00
Digital Marketing SEM Package Onetime Fee	Onetime fee for establishing dealer's Search Engine Marketing.	1.0	\$799.00	\$499.00
	Products/One 7	Гime:		\$1,298.00
		One Time Shipping: One Time Sales Tax: Monthly Recurring:		\$0.00
	±			\$0.00
				7 0 . 0 0
	Monthly Recur	mg.		\$799.00
	Monthly Recur Total Now Du			\$799.00 \$2,097.00
		e:	rring:	\$799.00 \$2,097.00 \$799.00
	Total Now Du	e: Recui		\$2,097.00 \$799.00
	Total Now Du Total Monthly	e: 7 Recui	ions and are subject	\$2,097.00 \$799.00 to change
this invoice does not replace or superse	Total Now Du Total Monthly *Taxes are subject to state and *Does not include Dealer-paid	e: 7 Recui	ions and are subject	\$2,097.00 \$799.00 to change
this invoice does not replace or superse □ Check By Fax □	Total Now Du Total Monthly *Taxes are subject to state and *Does not include Dealer-paid	e: 7 Recui d local regulati	ions and are subject	\$2,097.00 \$799.00 to change te training







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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	L AUTHORIZA	TION			
ACCOUNT HOLDE	R INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5780		
Address Line 1:			Phone Number:		
Address Line 2:	-		Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#	-00259413		Dollar Amount: \$2,097.00		
Credit Card Pa	nyment				
CREDIT CARD INFO	•				
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)

,	
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: