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

Sales and Support: 913-825-6124

Invoice For

Keene Chrysler Jeep Dodge (5242)

Invoice Number: OP#-00217119

Salesperson: Robert Bloomquist Date Created: 10/2/2012

Products

Product	Description	Quantity	List Price	Total Price	
Postage 1st Class	Postage 1st Class.		10000.0	\$4,500.00	\$4,500.00
Post Card 6" X 9"	Campaigns include a we email template and landi	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page. Table tops, phone calls, hang tags and posters are extra.			\$3,300.00
Web site - Banner	Web site Banner for seas campaign.	Web site Banner for seasonal sales event campaign.			\$0.00
Web site - Landing Page		Creation of dealer's landing page for campaign purposes. Does not contain inventory.			\$0.00
Email Template	Dealer Branded email template from our library.		1.0	\$0.00	\$0.00
		Products/One	e Time:		\$7,800.00
*this invoice does not replace or su	persede current billing	Monthly Recurring;			\$0.00
		One Time Sh Total Now I			\$0.00 \$7,800.00
☐ Check By Fax	☐ One Time ACH	☐ One Time C		Authorizatio	. ,
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 HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5242	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00217119			Dollar Amount: \$7,800.00	
Credit Card Payment CREDIT CARD INFORMATION				
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Card Number:			Expiration Date:	

Check by Fax

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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: