

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

Sales and Support: 913-825-6124

Invoice For

Fort's Toyota of Pekin (3620)

Invoice Number:OP#-00277507

Salesperson: Matt Griffis Date Created: 5/17/2013

Products

Product	Description	Qty.	List Price	Sales Price	Sale: Tax
				-'	'
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page (requires VinSolutions' website). Phone calls, hang tags and posters are extra.	2500.0	\$1,250.00	\$1,250.00	\$84.38
Postage 1st Class	Postage 1st Class.		\$1,125.00	\$1,125.00	\$75.94
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest Record.		\$150.00	\$150.00	
Web site - Banner	Web site Banner for seasonal sales event campaign.				
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory. 1.0				
Email Template	Dealer Branded email template from our library.	1.0			
	Products/One T One Time Shipp One Time Sales Monthly Recurr Monthly Recurr	ping: s Tax: ring:	les Tax:	\$	525.00 \$0.00 160.32 \$0.00 \$0.00
	Total Now Due	e:		\$2 ,	685.32
	Total Monthly	Recur	ring:		\$0.00
					ψυ•υυ
	*Taxes are subject to state and *Does not include Dealer-paid				ψο.σο
this invoice does not replace or su	*Does not include Dealer-paid				ψ0.00
this invoice does not replace or su Check By Fax	*Does not include Dealer-paid	Travel Expens	ses related to onsi	te training	







6405 Metcalf Ave. Suite 400 • Overland Park, KS 66202 • T: 1.800.980.7488 • F: 913.825.6396 • www.vinsolutions.com

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 Owners Name:			VinSolutions Account Number: 3620
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	1277507		Dollar Amount: \$2,685.32

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

v		
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: