

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

Sales and Support: 913-825-6124

Invoice For

# **Chevrolet of Puyallup (4240)**

Invoice Number: OP#-00230375

| Salesperson: | Sarah N | ugent Date | Created: | 1/29/2013 |
|--------------|---------|------------|----------|-----------|
|              |         |            |          |           |

| Product                                   |  | Description  |                           | List<br>Price | Sales<br>Price | Sales<br>Tax   |
|---|--|--|---------------------------|---------------|----------------|--|
| Post Card 6" X 11"                        | Post Card 6" X 11" used for car<br>include a website banner, email<br>page. Phone calls, hang tags and | template and landing   | 3500.0                    | \$1,960.00    | \$1,610.00     | \$151.34   |
| Postage 1st Class                         | Postage 1st Class.   |  | 3500.0                    | \$1,575.00    | \$1,575.00     | \$148.06   |
| Capture Customer Conquest Record          | Capture Customer Conquest Re   | ecord.   | 7539.0                    | \$753.90      | \$753.90       | \$70.86  |
| Creative/Design Time - Custom<br>Campaign | Custom creative/design time fo 5 billable hours of creative time revision rounds.                      |  | 1.0                       | \$799.00      | \$640.00       |  |
| Web site - Banner                         | Web site Banner for seasonal sa  | ales event campaign.   | 1.0                       |               |                |  |
| Web site - Landing Page                   | Creation of dealer's landing pag<br>Does not contain inventory.  | e for campaign purposes  | 1.0                       |               |                |  |
| Email Template                            | Dealer Branded email template from our library. 1.0  |  | 1.0                       |               |                |  |
|   |  | Products/One T<br>One Time Shipp<br>One Time Sales<br>Monthly Recurr<br>Monthly Recurr<br><b>Total Now Due</b><br><b>Total Monthly</b> | oing: Tax: ring: ring Sal |               | \$             | \$78.90<br>\$0.00<br>\$70.26<br>\$0.00<br>\$0.00<br><b>949.16</b><br><b>\$0.00</b> |
|   |  | *Taxes are subject to state and l<br>*Does not include Dealer-paid '   | _                         | -             | -              |  |
| *this invoice does not replace or su      | persede current billing  |  |                           |               |                |  |
| ☐ Check By Fax                            | ☐ One Time ACH   | ☐ One Time (   | Credit (                  | Card Aut      | horizatio      | 1  |
| Signature                                 |  |  |                           | Da            | te             |  |







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# **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 | )RIZAT | LIUN |
|-----|------|-------|--------|------|
|     |      |       |        |      |

| ACCOUNT HOLDER INFORMATION |           |      |                                   |
|----------------------------|-----------|------|-----------------------------------|
| Account Owners Name:       |           |      | VinSolutions Account Number: 4240 |
| Address Line 1:            |           |      | Phone Number:                     |
| Address Line 2:            |           |      | Fax Number:                       |
| City:                      | State:    | Zip: | Email:                            |
| Opportunity ID: OP#-       | -00230375 | •    | Dollar Amount: \$4,949.16         |
|                            |           |      |                                   |

## **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:  |  |