



VinSolutions  
6405 Metcalf Ave Suite 400  
Overland Park, KS 66202  
www.vinsolutions.com  
Sales and Support: 913-825-6124

Invoice For

## Rockenbach Chevrolet (5335)

Invoice Number: OP#-00217080

Salesperson: Carrie Bermel Date Created: 10/1/2012

### Products

Product	Description	Quantity	List Price	Total Price
Standard Letter 8.5" X 11" Full Color Targeted Window Envelope	Standard Letter 8.5" X 11" Full Color Targeted Windowed Envelope.	3000.0	\$1,860.00	\$1,500.00
Live Phone Calls Ala Carte	In database live phone calls for custom campaign. Onetime setup fee applies.	500.0	\$1,395.00	\$1,250.00
Postage 1st Class Post Card	First class postage for post cards.	3000.0	\$960.00	\$960.00
Live Phone Calls Ala Carte onetime fee	Onetime setup fee to pull in database customer reports and establish call service.	1.0	\$329.00	\$263.00
Email Template	Dealer Branded email template from our library.	1.0	\$329.00	\$0.00
Creative/Design time - Web Banner	Design charge for custom web banner. Half hour.	1.0	\$84.50	\$0.00
Creative/Design Time - Landing Page	Design charge for custom Landing Page. One hour.	1.0	\$169.00	\$0.00

\*this invoice does not replace or supersede current billing

Products/One Time:	\$3,973.00
Monthly Recurring:	\$0.00
One Time Shipping:	\$0.00
Sales Tax:	\$172.20
<b>Total Now Due:</b>	<b>\$4,145.20</b>

\*Taxes are subject to state and local regulations and are subject to change

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

**CONTRACTS**

**HASSLES**

**SERVERS**

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VinSolutions  
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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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 5335	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00217080		Dollar Amount: \$3,973.00	

### 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: