

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

Sales and Support: 913-825-6124

Invoice For

Champion Lincoln - July (2230)

Invoice Number:OP#-00223397 Salesperson: Soren Blair Date Created: 11/14/2012

Product	Descrip	otion	Qty.	List Price	Sales Price	
SEO - Advanced	• Keyword market research a Dealer SEO Titles • Primary specific locations • Search E SEO URLs • Long tail SEO heading and content optimiz. Vehicle Detail Pages • Integr Inventory Specials & Feature Optimized Automotive Cont Pages • Dynamic OneClick I Boomerang Coupon Technol Video's • High Resolutions I VinSolutions) • RSS Feeds (Enhanced XML Sitemaps (CRobot.txt file • Google Analy Integrated Analytics • Local plan • Social Media Plugins Recent Customer community Vehicle SEO Pages • Dealer service driven Sub Pages • P Platinum Home Page SEO E City SEO scroll bar	Optimization for three city ngine Friendly Automotive • Location Specific Page ation • Lead Generating rated Content Management • de Vehicles • Search Engine ent • Ability to Add Custom Inventory Search • logy • Integrated Vehicle Pictures (Unique to Inventory & Specials) • deogle, Bing & Yahoo!) • sytics & VinSolutions Listing URL Submission • HTML Optimization • y specific pages • Sold Market SEO wrap • 5 SEO age Header Enhancement •		\$799.00	\$866.00	
this invoice does not replace o	or supersede current billing	Products/On Monthly Rec One Time SI Total Now I *Taxes are subject subject to change *Does not include	curring nipping Due: to state an	g: nd local regula		\$0.00 \$866.00 \$0.00 \$866.00
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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.

ONE	TIME	AUTHO	RIZA	TION

Account Owners Name:			VinSolutions Account Number: 2230	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	0223397		Dollar Amount: \$866.00	

Visa Mastercard AmEx - Please circle one

Check by Fax

Cardholder Name: 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: