

Invoice For

Homer Skelton Ford of Millington (4621)

Invoice Number: OP#-00200453

Salesperson: Carrie Bermel Date Created: 6/19/2012

Products

Product	Description	Quantity	Total Price
Post Card 6" X 9" - Auto Process	For Auto Process only.	3000.0	\$1,500.00
Postage 1st Class	Postage 1st Class.	3000.0	\$1,350.00
Dealership Posters 11" X 17"	Dealership Posters 11"X17". Minimum quantity of 3.	3.0	\$84.00
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.	1.0	\$0.00
Email Template	Dealer Branded email template from our library.	1.0	\$0.00
Web site - Banner	Web site Banner for seasonal sales event campaign.	1.0	\$0.00

*this invoice does not replace or supersede current billing	Products/One Time:	\$2,934.00
	Monthly Recurring:	\$0.00
	One Time Shipping:	\$0.00
	Total Due Now:	\$2,934.00

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

Copyright VinSolutions.

CONTRACTS

HASSLES

SERVERS

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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 4621	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00200453		Dollar Amount: \$2,934.00	

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: