



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

Invoice For

## McKenney-Salinas Honda Mitsubishi (4122)

Invoice Number: OP#-00210178

Salesperson: Keith Kirby Date Created: 8/3/2012

### Products

Product	Description	Quantity	List Price	Total Price
Call Tracking - Unlimited	Call Tracking - Unlimited. Used to populate Dealer website with up to 50 phone numbers for call tracking and campaign tracking ROI reporting.	1.0	\$549.00	\$522.00
VIN Chat - Existing Customers only	VIN Click to Chat for existing customers only. Robust integration. Reports include Chat History, Agent Performance, Chat Analysis and Chat Placement Performance reports.	3.0	\$177.00	\$177.00
Call Tracking - Unlimited onetime fee	Call Tracking - Unlimited onetime fee.	1.0	\$549.00	\$323.00
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.	1.0	\$199.00	\$199.00
VIN Chat - Existing Customers only onetime fee	Onetime fee for VIN Click to Chat.	3.0	\$177.00	\$177.00

\*this invoice does not replace or supersede current billing

Products/One Time: \$699.00  
Monthly Recurring: \$699.00  
One Time Shipping: \$0.00

**Total Due Now: \$1,398.00**

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

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**CONTRACTS**

**HASSLES**

**SERVERS**

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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: 4122	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00210178		Dollar Amount: \$1,398.00	

### 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: