

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

Sales and Support: 913-825-6124

Invoice For

Dorschel Kia (1669)

Invoice Number:OP#-00221981 Salesperson: Matt Griffis Date Created: 10/17/2012

Products

| Product | Description | | Qty. | List Price | Sales Price | Sales Tax |
|--|---|---|------------------|---------------|----------------|---|
| | | | | | | |
| Post Card 6" X 9" | Post Card 6" X 9" used for campa include a website banner, email te page. Table tops, phone calls, han extra. | mplate and landing | 3093. | 0 \$1,546.50 | \$1,546.50 | \$123.72 |
| Postage 1st Class | Postage 1st Class. | | 3093. | 0 \$1,391.85 | \$1,391.85 | \$111.34 |
| Capture Customer Conquest Record | Capture Customer Conquest Reco | rd. | 3093. | 0 \$309.30 | \$309.30 | \$24.74 |
| *this invoice does not replace or supe | ersede current billing | Products/On Monthly Red One Time Si Sales Tax: Total Now 1 | currin hippin | g: | | \$3,247.65 \$0.00 \$0.00 \$259.80 \$3,507.45 |
| ☐ Check By Fax | ☐ One Time ACH | ☐ One Time | Credit | Card Aut | horizatio | n |
| Signature | | | | Da | te | |

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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 HOLDE. | R INFORMATION | | |
|------------------------------|---------------|------|--|
| Account Owners Nar | ne: | | VinSolutions Account Number: 1669 |
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#-00221981 | | | Dollar Amount: \$3,247.65 |
| | | | |
| Credit Card Pa | | | |
| | | | Visa Mastercard AmEx - Please circle one |

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: |