

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

Sales and Support: 913-825-6124

Invoice For

Auburn Chevrolet (4659)

Invoice Number:OP#-00208384 Salesperson: Sarah Nugent Date Created: 7/9/2012

Products

| Product | Description | Quantity | Total Price |
|--------------------------------------|--|--|------------------------------|
| | | | |
| Email Template | Dealer Branded email template from our library. | 1.0 | \$329.00 |
| Web site - Landing Page | Creation of dealer's landing page for campaign purposes. Does not contain inventory. | 1.0 | \$169.00 |
| Web site - Banner | Web site Banner for seasonal sales event campaign. | 1.0 | \$149.00 |
| *this invoice does not replace or su | upersede current billing | Products/One Time: Monthly Recurring: One Time Shipping: | \$647.00 \$0.00 \$0.00 |
| | | Total Due Now: | \$647.00 |
| ☐ Check By Fax | ☐ One Time ACH ☐ One Time | Credit Card Authorizat | ion |
| Signature | | Date | |

 $Copyright\ Vin Solutions.$







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 |)RIZAT | LIUN |
|-----|------|-------|--------|------|
| | | | | |

| ACCOUNT HOLDER INFORMATION | | | |
|----------------------------|----------|------|-----------------------------------|
| Account Owners Name: | | | VinSolutions Account Number: 4659 |
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#- | 00208384 | | Dollar Amount: \$647.00 |

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: |