

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

Invoice For

Mark Kia Mitsubishi (2956)

Invoice Number:OP#-00208348 Salesperson: Sarah Nugent Date Created: 7/6/2012

Products

| Product | Description | | Quantity | Total Price |
|--|--|--|---|----------------|
| Email Templates - Year Long Campaign (12) | VinSolutions prov template to be use Dealer is entitled t variances of core t | ear long campaign (12). rides one dealer branded d throughout the year. to up to 12 different template depending on Must use quantity of 12. | 12.0 | \$2,748.00 |
| *this invoice does not replace or super | sede current billing | N | roducts/One Time: Monthly Recurring: One Time Shipping: | \$0.00 |
| | | | Total Due Now: | \$2,748.00 |
| ☐ Check By Fax ☐ | One Time ACH | ☐ One Time C | Credit Card Author | ization |
| Signature | | | Date | |

Copyright VinSolutions.







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 | RIZATION |
|-----|------|-------------------------------|------------------------------------|
| | | / N N / H H H N | / 1 N 1 <i>/ /</i> / N 1 1 N / / · |

| Address Line 1: | | Phone Number: |
|------------------------------|------|---------------------------|
| 4.11 T. O | | i none number. |
| Address Line 2: | | Fax Number: |
| City: State: | Zip: | Email: |
| Opportunity ID: OP#-00208348 | | Dollar Amount: \$2,748.00 |

| 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: |