

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

Sales and Support: 913-825-6124

Invoice For

Buster Miles Chevrolet Inc (4896)

Invoice Number: OP#-00199134

Salesperson: Matt Griffis Date Created: 6/12/2012

Products

Product	Description	Quantity	Total Price
Postage 1st Class	Postage 1st Class.	3500.0	\$1,575.00
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page. Table tops, phone calls, hang tags and posters are extra.	3500.0	\$1,487.50
Capture Customer Conquest Record	Capture Customer Conquest Record.	1000.0	\$100.00
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

Total: \$3,162.50

Shipping: \$0.00

\$1,356.35 PAID
\$1,356.35
ent Amount
2

Total Due NOW: \$1,356.35

 \square Check By Fax \square One Time ACH \square One Ti

☐ One Time Credit Card Authorization

Signature

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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	RIZATION
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ONE TIME	E AUTHORIZA	ATION	
ACCOUNT HOLDE	R INFORMATION		
Account Owners Nar	me:		VinSolutions Account Number: 4896
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	ŧ-00199134		Dollar Amount: \$1,356.35
Credit Card Pa	· ·		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

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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:

Expiration Date:

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: