

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

Sales and Support: 913-825-6124

Invoice For

# Chevyland (2094)

Invoice Number:OP#-00214619 Salesperson: Jennifer Barnhart Date Created: 8/27/2012

#### **Products**

Product	Description	Quantity	Total Price
Live Phone Calls Ala Carte	In database live phone calls for cu campaign. Onetime setup fee appl	1700.0	\$4,185.00
Email Template	Dealer Branded email template fro library.	om our 1.0	\$329.00
Creative/Design Time - Landin Page	ng Design charge for custom Landing One hour.	g Page. 1.0	\$169.00
*this invoice does not replace or supers	ede current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$4,683.00 \$0.00 \$0.00
		<b>Total Due Now:</b>	\$4,683.00
☐ Check By Fax ☐	One Time ACH	Time Credit Card Authoriza	tion
Signature		Date	

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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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Name:		VinSolutions Account Number: 2094		
Address Line 1:		Phone Number:		
Address Line 2:		Fax Number:		
State:	Zip:	Email:		
14619		Dollar Amount: \$4,683.00		
	State:	State: Zip:		

# **Credit Card Payment**

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

## Check by Fax

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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:

### **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: