

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

11

Invoice For

Parks Chevrolet Inc. (3665)

Invoice Number: OP#-00208454

Salesperson: Matt Griffis Date Created: 8/8/2012

Products

Product	Description	Quantity	Total Price
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.	3775.0	\$1,887.50
Postage 1st Class	Postage 1st Class.	3775.0	\$1,698.75
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.	2275.0	\$1,137.50
Postage 1st Class	Postage 1st Class.	2275.0	\$1,023.75
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: \$5,747.50

Shipping: \$0.00

Number of Installments:

Installment Due Date Installment Amount

8/8/2012 \$2,161.25

6/8/2012 PAID

Invoice Total

Total Due NOW: \$2,161.25

□ Check By Fax □ One Time ACH □ One Time Credit Card Authorization

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.

ONE	TIME	AUTHO	RIZATION
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Account Owners Nam	: :		VinSolutions Account Number: 3665
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	00208454		Dollar Amount: \$2,161.25

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: