

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

Sales and Support: 913-825-6124

Invoice For

Midway Motors Hutchinson (3606)

Invoice Number:OP#-00222933

Salesperson: Sarah Nugent Date Created: 11/21/2012

Products

Product	Descrip	Description		List Price	Sales Price	Sales Tax
Post Card 6" X 11"	include a website banner, ema	Post Card 6" X 11" used for campaigns. Campaigns include a website banner, email template and landing page. Table tops, phone calls, hang tags and posters are extra.		\$840.00	\$690.00	\$55.55
Postage 1st Class	Postage 1st Class.		1500.0	\$675.00	\$675.00	\$54.34
Web site - Banner	Web site Banner for seasonal	sales event campaign.	1.0			
Web site - Landing Page	Creation of dealer's landing p Does not contain inventory.	Creation of dealer's landing page for campaign purposes. Does not contain inventory.				
Email Template	Dealer Branded email templa	Dealer Branded email template from our library.				
*this invoice does not replace or supersede current billing		Products/On Monthly Re One Time S	curring	; :		\$1,365.00 \$0.00 \$0.00
		Sales Tax:	D			\$109.89
		Total Now				\$1,474.89
		*Taxes are subject	to state a	nd local regula	ations and ar	e
		subject to change *Does not include	Doolor no	id Troval Eve	ancas ralatas	1
		to onsite training	Dealer-pa	ud Traver Exp	enses reratec	I
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Aut	horizatio	on
Signature				Da	te	

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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 Nam	ne:		VinSolutions Account Number: 3606
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00222933	-	Dollar Amount: \$1,474.89

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: