

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

Sales and Support: 913-825-6124

Invoice For

## **Bill McBride Chevrolet Subaru (4674)**

Invoice Number: OP#-00262305

Salesperson: Robert Bloomquist Date Created: 3/5/2013

#### **Products** List Sales **Sales Product Description** Qty. **Price Price Tax** Postage 1st Class Postage 1st Class. 5000.0 \$2,250.00 \$2,250.00 \$180.00 Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing Post Card 6" X 9" 5000.0 \$2,500.00 \$2,000.00 \$160.00 page (requires VinSolutions' website). Phone calls, hang tags and posters are extra. Web site - Banner Web site Banner for seasonal sales event campaign. 1.0 Creation of dealer's landing page for campaign purposes. Web site - Landing Page 1.0 Does not contain inventory. **Email Template** Dealer Branded email template from our library. 1.0 Products/One Time: \$4,250.00 One Time Shipping: \$0.00 One Time Sales Tax: \$340.00 Monthly Recurring: \$0.00 Monthly Recurring Sales Tax: \$0.00 **Total Now Due:** \$4,590.00 \$0.00 **Total Monthly Recurring:** \*Taxes are subject to state and local regulations and are subject to change \*Does not include Dealer-paid Travel Expenses related to onsite training \*this invoice does not replace or supersede current billing

☐ One Time Credit Card Authorization

Date

☐ One Time ACH

☐ Check By Fax

Signature







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# **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 Owners Name:			VinSolutions Account Number: 4674	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	0262305		Dollar Amount: \$4,590.00	

### **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: