

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

Invoice For

Duval Mazda at The Avenues (4180)

Invoice Number:OP#-00216214 Salesperson: Matt Griffis Date Created: 9/13/2012

Products

Product	Description		Quantity	Total Price
Post Card 6" X 9"	Post Card 6" X 9" use Campaigns include a email template and la tops, phone calls, han are extra.	website banner, nding page. Table	1000.0	\$500.00
Postage 1st Class	Postage 1st Class.	Postage 1st Class.		\$450.00
Email Template	Dealer Branded email library.	Dealer Branded email template from our library.		\$0.00
*this invoice does not replace or supersede current billing			Products/One Time Monthly Recurring One Time Shipping	g: \$0.00
			Total Due Now	: \$950.00
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit Card Authoriz	cation
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: 4180	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00216214		Dollar Amount: \$950.00	

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: