

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

Invoice For

Helena Auto Center LLC (2921)

Invoice Number:OP#-00208356 Salesperson: Sarah Nugent Date Created: 7/6/2012

Products

Product	Description		Quantity	Total Price
Email Templates - Year Long Campaign (12)	VinSolutions prov template to be used Dealer is entitled t variances of core to	Email Template year long campaign (12). VinSolutions provides one dealer branded template to be used throughout the year. Dealer is entitled to up to 12 different variances of core template depending on campaign needs. Must use quantity of 12.		\$2,748.00
*this invoice does not replace or supersede current billing		N	roducts/One Time: Monthly Recurring: one Time Shipping:	\$2,748.00 \$0.00 \$0.00
		Total D		\$2,748.00
☐ Check By Fax	☐ One Time ACH	☐ One Time C	Credit Card Authoriz	ation
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	RIZATI	ON

ACCOUNT HOLDER	RINFORMATION			
Account Owners Name:			VinSolutions Account Number: 2921	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00208356		Dollar Amount: \$2,748.00	
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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: