

Signature

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

Sales and Support: 913-825-6124

Date

Invoice For

Alexander Automotive of Downtown Franklin (5993)

Invoice Number:OP#-00278733

Salesperson: Robert Bloomquist Date Created: 5/15/2013

Product	Description		ty.	List Price	Sales Price	Sales Tax
Postage 1st Class	Postage 1st Class.	30	0.00	\$1,350.00	\$1,350.00	\$124.88
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page (requires VinSolutions' website). Phone calls, hang tags and posters are extra.		\$1,200.00	\$111.00		
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest Record.		0.000	\$300.00	\$240.00	\$22.20
Web site - Banner	Web site Banner for seasonal sales event campaign. 1.0					
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory. 1.0					
Email Template	Dealer Branded email template from our li	brary.	1.0			
	Produ	ucts/One Time	e:		\$2,7	790.00
		One Time Shipping:			\$0.00	
One Time Sales Tax:			\$258.08			
	Monthly Recurring:			\$0.00		
		Monthly Recurring Sales Tax:		\$0.00		
		Total Now Due:		\$3,048.08		
Total Monthly Recurr		ring:		\$0.00		
	*Taxes are	e subject to state and local r	regulation	ns and are subject	to change	
	*Does not	include Dealer-paid Travel	el Expense	es related to onsite	e training	
*this invoice does not replace or sup	ersede current billing					
	☐ One Time ACH ☐ 0	☐ One Time Credit Card Authorization				







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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: 5993	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-(00278733		Dollar Amount: \$3,048.08	

Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

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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: