

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

Sales and Support: 913-825-6124

Invoice For

# Peninsula Subaru (3707)

Invoice Number:OP#-00275350 Salesperson: Sarah Nugent Date Created: 4/25/2013

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Post Card 6" X 11"	Post Card 6" X 11" used for campaigns. Campaigns include a website banner, email template and landing page (requires VinSolutions' website). Phone calls, hang tags and posters are extra.	4500.0	\$2,520.00	\$2,070.00	\$178.02
Postage 1st Class	Postage 1st Class.	4500.0	\$2,025.00	\$2,025.00	\$174.16
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest Record.	3434.0	\$343.40	\$343.40	\$29.53
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 library. 1.0				
	Products/One T One Time Shipp One Time Sales Monthly Recurr Monthly Recurr Total Now Due Total Monthly	oing: Tax: ring: ring Sa		\$3	\$38.40 \$0.00 \$81.71 \$0.00 \$0.00 <b>320.11</b> \$ <b>0.00</b>
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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 Nan	ne:		VinSolutions Account Number: 3707
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00275350		Dollar Amount: \$4,820.11

### **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: