



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

Invoice For

## Transitowne Hyundai Mitsubishi of Williamsville (5058)

Invoice Number: OP#-00228244

Salesperson: Robert Bloomquist Date Created: 11/29/2012

### Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page. Phone calls, hang tags and posters are extra.	3870.0	\$1,935.00	\$1,935.00	\$169.31
Postage 1st Class	Postage 1st Class.	3870.0	\$1,741.50	\$1,741.50	\$152.38
Hang Tags 250 Four Color	Hang Tag Four Color Standard Postage, 250 count	1.0	\$299.00	\$200.00	\$17.50
Posters 11" X 17" (5)	Dealership Posters 11"X17" four color, 100 lb. stock, glossy UV coating. Quantity of 5, includes postage.	1.0	\$149.00	\$139.00	\$12.16
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 Time:	\$4,015.50
One Time Shipping:	\$0.00
One Time Sales Tax:	\$351.35
Monthly Recurring:	\$0.00
Monthly Recurring Sales Tax:	\$0.00
<b>Total Now Due:</b>	<b>\$4,366.85</b>
<b>Total Monthly Recurring:</b>	<b>\$0.00</b>

\*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**

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

**CONTRACTS**

**HASSLES**

**SERVERS**

6405 Metcalf Ave. Suite 400



Overland Park, KS 66202



T: 1.800.980.7488



F: 913.825.6396



[www.vinsolutions.com](http://www.vinsolutions.com)

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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 5058	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00228244		Dollar Amount: \$4,366.85	

### 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: