

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

Invoice For

Puente Hills Toyota & Scion (4844)

Invoice Number:OP#-00209262 Salesperson: Sarah Nugent Date Created: 7/16/2012

Products

Product	Description		Quantity	Total Price
Email Templates - Year Long Campaign (12)	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.		12.0	\$2,748.00
*this invoice does not replace or supersede current billing		N	roducts/One Time: Monthly Recurring: One Time Shipping:	\$0.00
			Total Due Now:	\$2,748.00
☐ Check By Fax ☐	One Time ACH	☐ One Time C	Credit Card Author	ization
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	RIZATION
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ONE TIME AUTI	HORIZA	TION	
ACCOUNT HOLDER INFORMA	ATION		
Account Owners Name:			VinSolutions Account Number: 4844
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00209262			Dollar Amount: \$2,748.00
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)

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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: