

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

Sales and Support: 913-825-6124

Date

Purchase Agreement Summary For

# Warren Midtown Motors (3730)

Agreement Number:OP#-00303872 Salesperson: Jason Gorman Date Created: 9/13/2013

#### **Products**

Signature

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Postage 1st Class	Postage 1st Class.		2200.0	\$990.00	\$990.00	\$59.40
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. C include a website banner, email template page (requires VinSolutions' website). Pt tags and posters are extra.	and landing	2200.0	\$1,100.00	\$880.00	\$52.80
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest Reco	ord.	500.0	\$50.00	\$50.00	
Web site - Banner	Web site Banner for campaigns.		1.0			
Web site - Landing Page	Creation of dealer's landing page for cam Does not contain inventory.	paign purposes.	1.0			
Email Template	Dealer Branded email template from our	library.	1.0			
	One One Mor	ducts/One T Time Shipp Time Sales onthly Recurr	oing: Tax: ring:		ŕ	920.00 \$0.00 112.20 \$0.00
		Monthly Recurring Sales Tax:  Total Now Due:  Total Monthly Recurring:			\$0.00	
	_ • • •			\$2,032.20		
	Tota				\$0.00	
		are subject to state and lot include Dealer-paid		-	-	
*this invoice does not replace or supe	ersede current billing					
☐ Check By Fax	☐ One Time ACH ☐	One Time (	Credit (	Card Auth	norizatio	1







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## **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
		/ <b>N N</b> / <b>H H H N</b> /	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

ACCOUNT HOLDER	INFORMATION		
Account Owners Name	:		VinSolutions Account Number: 3730
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0303872	-	Dollar Amount: \$2,032.20

## **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: