

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Cole Ford Lincoln LLC (3327)

Agreement Number:OP#-00295640 Salesperson: Matt Griffis Date Created: 7/19/2013

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 (requires VinSolutions' website). Phone calls, hat tags and posters are extra.	ng 8872.0	\$4,436.00	\$3,548.80	\$212.93
Postage 1st Class	Postage 1st Class.	8872.0	\$3,992.40	\$2,839.04	\$170.34
Creative/Design time - Postcard	Design charge for custom postcards. Four hours.	1.0	\$674.00	\$674.00	
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest Record.	7482.0	\$748.20	\$448.92	\$26.94
Web site - Banner	Web site Banner for campaigns.	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 One Time Shi One Time Sale Monthly Recu Monthly Recu Total Now Di Total Monthl	pping: es Tax: rring: rring Sa ie:		\$4	\$10.76 \$0.00 410.21 \$0.00 \$0.00 920.97 \$0.00
		nd local regulation	ons and are subject	t to change	
this invoice does not apply to the	*Taxes are subject to state at *Does not include Dealer-pa		ses related to onsit	te training	
this invoice does not replace or sup	*Does not include Dealer-pa		ses related to onsit	te training	







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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)RIZAT	LIUN

ACCOUNT HOLDER	INFORMATION		
Account Owners Name	e:		VinSolutions Account Number: 3327
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0)0295640		Dollar Amount: \$7,920.97

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: