

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Hunter Nissan (4296)

Agreement Number: OP#-00300958

Salesperson: James Campbell Date Created: 8/26/2013

Products

Product	Descri	Description			Sales Price
Website - VIN	Monthly fee for VIN Websit for Blackberry, iphone, ipad of eight best practice themes and customizable/movable c 40 pages of content, 5 custor page service department sec to customize the look and fe around within the site. SEO addition to Inventory and Ti functionality, calls to action	and Droid. Choose from one with customizable colors, alls to action. Includes up to n content pages, a 17-20 tion and the ability for dealer el by moving modules includes recent customers, Intles. These enhancements add	3.0	\$2,997.00	\$1,800.00
Website - VIN onetime fee	Onetime fee to create VIN	Onetime fee to create VIN Website. 3.0			
Website - Design Upgrade	Change web site to differen	Change web site to different look and feel.		\$2,397.00	
		Products/One T One Time Shipp			\$0.00 \$0.00
		One Time Sales			\$0.00
		Monthly Recurr Total Now Due			\$1,800.00 \$1,800.00
		Total Monthly		ring:	\$1,800.00
		*Taxes are subject to state and l *Does not include Dealer-paid		•	
this invoice does not replace o	r supersede current billing				
			7 d:4 /	Cand Auth	:
☐ Check By Fax	☐ One Time ACH	☐ One Time (_rean (Card Auti	iorization







6405 Metcalf Ave. Suite 400 • Overland Park, KS 66202 • T: 1.800.980.7488 • F: 913.825.6396 • 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	TIN	AE A	LII	Γ HO	RIZA	TION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:			VinSolutions Account Number: 4296
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00300958		Dollar Amount: \$1,800.00
			•

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: