

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Airport Infiniti Airport Acura (4831)

Agreement Number:OP#-00295661 Salesperson: Jason Gorman Date Created: 7/23/2013

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Creative/Design time - Postcard	Design charge for custom postcards. Four hours.	1.0	\$674.00	\$674.00	\$52.24
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, hang tags and posters are extra.	1068.0	\$534.00	\$534.00	\$41.39
Postage 1st Class	Postage 1st Class.	1068.0	\$480.60	\$480.60	\$37.24
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest Record.	1068.0	\$106.80	\$106.80	\$8.27
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			

Products/One Time: \$1,795.40
One Time Shipping: \$0.00
One Time Sales Tax: \$139.14
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$1,934.54
Total Monthly Recurring: \$0.00

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☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card Authorization
Signature		Date

^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training







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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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 4831	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	-00295661		Dollar Amount: \$1,934.54	
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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: