

Purchase Agreement Summary For
Arrow's Ford Loan Arrangers (6732)

Agreement Number: OP#-00299717
Salesperson: David White Date Created: 8/15/2013

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Website - Microsite	Creation of dealer's microsite. Bolsters SEO as well as providing additional real estate for additional details and consumer interaction. Includes one page microsite with a form. Additional content pages for information (max of 2), limited lead pages (maximum of 2) and splash links out to other dealership sites.	1.0	\$399.00	\$399.00	\$26.33
Website - Microsite onetime fee	Website - microsite onetime fee for existing website customers.	1.0	\$399.00	\$399.00	\$26.33

Products/One Time:	\$399.00
One Time Shipping:	\$0.00
One Time Sales Tax:	\$26.33
Monthly Recurring:	\$399.00
Monthly Recurring Sales Tax:	\$26.33
Total Now Due:	\$850.66
Total Monthly Recurring:	\$425.33

*Taxes are subject to state and local regulations and are subject to change

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

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

CONTRACTS

HASSLES

SERVERS

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 TIME AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 6732	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00299717		Dollar Amount: \$850.66	

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: