

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

## Casa Nissan (5257)

Agreement Number: OP#-00326905

Salesperson: Chris Hellums Date Created: 12/10/2013

#### **Products**

Product	uct Description		List Price	Sales Price	Sales Tax
Post Card 6" X 9"	Post Card 6" X 9" used for full service multi touch point campaigns. Uses traditional, digital and social media to drive consumers to your virtual and physical showroom/service drive. Digital marketing components are included on campaigns with 2500 or more targeted prospects and social medial components are included with 5000 or more targeted prospects.		\$1,900.00	\$1,900.00	\$156.75
Postage 1st Class	Postage 1st Class.	3800.0	\$1,710.00	\$1,710.00	\$141.08
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest Record.		\$190.00	\$190.00	\$15.68
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.				
Email Template	Dealer Branded email template from our library.	1.0			

Products/One Time: \$3,800.00
One Time Shipping: \$0.00
One Time Sales Tax: \$313.51
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$4,113.51
Total Monthly Recurring: \$0.00

*this	invoice	e does not	t replac	e or supers	ede current	billing

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

<sup>\*</sup>Taxes are subject to state and local regulations and are subject to change

<sup>\*</sup>Does not include Dealer-paid Travel Expenses related to onsite 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.

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ONE TIME AUTHORIZATION					
ACCOUNT HOLDER IN	FORMATION				
Account Owners Name:			VinSolutions Account Number: 5257		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-003	326905		Dollar Amount: \$4,113.51		
Credit Card Paym					
Cardholder Name:			Visa Mastercard AmEx - Please circle one		

#### Check by Fax

Card Number:

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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:		

Expiration Date:

### **ACH (Electronic Debit)**

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: