

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Parks Chevrolet (3663)

Agreement Number: OP#-00289960

Salesperson: Brett Slaterbeck Date Created: 8/23/2013

Products

Product	Description	Qty.	List Price	Sales Price	
Inventory Light	Limited inventory gallery, view inventory with ILM	1.0	\$114.48	\$86.26	
Website - Advanced Microsite Package	Creation of dealer's microsite. Bolsters SEO as well as providing additional real estate for additional details and consumer interaction. Includes rotator on main page. Additional pages for content for information (max of 3), limited lead pages (max of 3), and internal inventory search links either in the main navigation or in the form of quick links or up to 4 small call to actions. Also includes VinLens, our website traffic tracker.				
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Website - Advanced Microsite onetime fee	Website - Advanced microsite onetime fee	1.0	\$649.00	\$255.02	
Inventory Light onetime fee	Onetime fee for limited inventory gallery, view inventory with ILM	1.0	\$114.48	\$44.98	

Products/One Time:	\$300.00
One Time Shipping:	\$0.00
One Time Sales Tax:	\$0.00
Monthly Recurring:	\$489.00
Total Now Due:	\$789.00
Total Monthly Recurring:	\$489.00

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

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

^{*}this invoice does not replace or supersede current billing

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

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6405 Metcalf Ave. Suite 400

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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.

ONE	TIME	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 3663	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00289960	-	Dollar Amount: \$789.00	
opportunity i.b. or ii	00207700		Politi Amount. 4702100	

Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

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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:	

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: