

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Hunter Volvo of Asheville (4298)

Agreement Number:OP#-00300959

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

	Descri	ption	Qty.	List Price	Sales Price
^v ebsite - VIN	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	and Droid. Choose from one with customizable colors, alls to action. Includes up to m content pages, a 17-20 tion and the ability for dealer el by moving modules includes recent customers, In tles. These enhancements add	1.0	\$999.00	\$600.00
ebsite - Design Upgrade	Change web site to differen	t look and feel.	1.0	\$799.00	
ebsite - VIN onetime fee	Onetime fee to create VIN	Onetime fee to create VIN Website.		\$999.00	
		Products/One T	ime:		\$0.00
		One Time Shipp	oing:		\$0.00
	One Time Sales	Tax:		\$0.00	
		Monthly Recurr			\$600.00
		Total Now Due	:		\$600.00
		Total Monthly	Recur	ring:	\$600.00
		*Taxes are subject to state and	local regulation	ons and are subject	to change
		*Does not include Dealer-paid	_	-	-
his invoice does not replace o	· supersede current billing				
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit (Card Auth	norization







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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	AUTHO)RIZAT	LIUN

ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 4298	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	-00300959		Dollar Amount: \$600.00	

Credit Card Payment

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

Check by Fax

v		
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: