

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

# Northpoint Chrysler Dodge Jeep Ram (5206)

Agreement Number:OP#-00323296

Salesperson: Robert Bloomquist Date Created: 11/8/2013

Product	Product Description		Qty.	List Price	Sales Price	
Post Card 6" X 9"	Post Card 6" X 9" used for full service campaigns. Uses traditional, digital and rive consumers to your virtual and pl showroom/service drive. Digital mark are included on campaigns with 2500 prospects and social medial componer with 5000 or more targeted prospects.	d social media to nysical eting components or more targeted	700.0	\$350.00	\$350.00	
Email Template	Dealer Branded email template from o	our library.	1.0		\$329.00	
ostage 1st Class	Postage 1st Class.		700.0	\$315.00	\$315.00	
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.		1.0		\$169.00	
Veb site - Banner	Web site Banner for campaigns.		1.0		\$149.00	
	O O M <b>T</b>	roducts/One Tone Time Shippene Time Sales Ionthly Recurrectal Now Due	oing: Tax: ing:	ring:	\$0 \$0 <b>\$1,31</b> 2	0.00 0.00 0.00
		uxes are subject to state and l	_	-	-	
this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card Authorization				







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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.

ONE	TIME	AUTHO	RIZATI	ON

ACCOUNT HOLDER	INFORMATION		
Account Owners Name	e:		VinSolutions Account Number: 5206
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	00323296		Dollar Amount: \$1,312.00

#### **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: