

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Clinkscales Chevrolet (6460)

Agreement Number:OP#-00302414 Salesperson: Matt Griffis Date Created: 9/3/2013

| Products | | | | | | |
|-----------------------------------|---------------------------|---------------------------------|----------------|-----------------------|----------------|--------|
| Product | Descri | ption | Qty. | List Price | Sales Price | |
| | | | | | | |
| Email Template | Dealer Branded email temp | late from our library. | 1.0 | \$329.00 | \$329.00 | |
| | | | | | | |
| | | Products/One 7 | Time: | | \$3 | 329.00 |
| | | One Time Ship | | | | \$0.00 |
| | | One Time Sale | | | | \$0.00 |
| | | Monthly Recur | | | | \$0.00 |
| | | Total Now Due | e: | | \$3 | 329.00 |
| | | Total Monthly | Recui | ring: | | \$0.00 |
| | | *Taxes are subject to state and | local regulati | ons and are subject | to change | |
| | | *Does not include Dealer-paid | Travel Exper | nses related to onsit | e training | |
| *this invoice does not replace or | supersede current billing | | | | | |
| ☐ Check By Fax | ☐ One Time ACH | ☐ One Time | Credit | Card Autl | norization | ı |
| Signature | | | | Da | te | |

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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 | RIZA | TION |
|-----|------|-------|------|------|
| | | | | |

| ONE TIME AUTHORIZATION | | | | |
|-------------------------|---------------|------|--|--|
| ACCOUNT HOLDER | R INFORMATION | | | |
| Account Owners Nan | ne: | | VinSolutions Account Number: 6460 | |
| Address Line 1: | | | Phone Number: | |
| Address Line 2: | | | Fax Number: | |
| City: | State: | Zip: | Email: | |
| Opportunity ID: OP#- | -00302414 | | Dollar Amount: \$329.00 | |
| Cradit Card Pa | vmont | | | |
| Credit Card Payment | | | | |
| CREDIT CARD INFORMATION | | | | |
| Cardholder Name: | | | Visa Mastercard AmEx - Please circle one | |

Check by Fax

Card Number:

| • | | |
|--|--------------------------|--|
| 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)

| · · · · · · · · · · · · · · · · · · · | |
|---|-------------|
| 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: |