

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

# Park Chrysler Jeep (3343)

Agreement Number:OP#-00319700 Salesperson: Sarah Nugent Date Created: 10/31/2013

Product	Description	1	Qty.	List Price	Sales Price	Sales Tax
Post Card 6" X 11"	Post Card 6" X 11" used for full so campaigns. Uses traditional, digital drive consumers to your virtual and showroom/service drive. Digital mare included on campaigns with 25 prospects and social medial composite with 5000 or more targeted prospects.	and social media to d physical narketing components 500 or more targeted onents are included		\$2,240.00	\$1,840.00	\$131.10
Postage 1st Class	Postage 1st Class.		4000.0	\$1,800.00	\$1,800.00	\$128.25
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conque	st Record.	4073.0	\$407.30	\$407.30	
Web site - Banner	Web site Banner for campaigns.		1.0			
Web site - Landing Page	Creation of dealer's landing page f Does not contain inventory.	or campaign purposes.	1.0			
Email Template	Dealer Branded email template from	om our library.	1.0			
		Products/One Tone Time Shipp One Time Sales Monthly Recurr Monthly Recurr Total Now Due Total Monthly	oing: Tax: ing: ing Sal : Recur	ring:	\$4,£	047.30 \$0.00 259.35 \$0.00 \$0.00 <b>306.65</b> <b>\$0.00</b>
		*Taxes are subject to state and l *Does not include Dealer-paid ?	_	-	-	
this invoice does not replace or sup	ersede current billing					

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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	RIZA	TION

Account Owners Name:			VinSolutions Account Number: 3343
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	)319700		Dollar Amount: \$4,306.65

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: