

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Barreth Ford (5169)

Agreement Number: OP#-00330085

Salesperson: Jason Gorman Date Created: 1/30/2014

Products List Sales Sales **Product Description Qty Price Price** Tax Post Card 6" X 11" used for full service multi touch point campaigns. Uses traditional, digital and social media to drive consumers to your virtual and physical Post Card 6" X 11" showroom/service drive. Digital marketing components 2950.0 \$1,652.00 \$1,357.00 \$115.01 are included on campaigns with 2500 or more targeted prospects and social medial components are included with 5000 or more targeted prospects. Postage 1st Class Postage 1st Class. 2950.0 \$1,327.50 \$1,327.50 \$112.51 Web site - Banner Web site Banner for campaigns. 1.0 Creation of dealer's landing page for campaign purposes. 1.0 Web site - Landing Page Does not contain inventory. **Email Template** Dealer Branded email template from our library. 1.0 Products/One Time: \$2,684.50 One Time Shipping: \$0.00 One Time Sales Tax: \$227.52 Monthly Recurring: \$0.00 Monthly Recurring Sales Tax: \$0.00 **Total Now Due:** \$2,912.02 **Total Monthly Recurring:** \$0.00 *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 ☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization Signature Date







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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	RIZATION
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ACCOUNT HOLDER INFORMATION					
Account Owners Name:			VinSolutions Account Number: 5169		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-0	0330085	-	Dollar Amount: \$2,912.02		

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: