

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Royal Chevrolet - VA (6251)

Agreement Number:OP#-00320151 Salesperson: Jason Gorman Date Created: 11/7/2013

		l	Qty.	Price	Price	Sales Tax
Post Card 6" X 9"	Post Card 6" X 9" used for full serve campaigns. Uses traditional, digital drive consumers to your virtual and showroom/service drive. Digital mare included on campaigns with 25 prospects and social medial compowith 5000 or more targeted prospects	I and social media to I physical arketing components 00 or more targeted nents are included	3000.0	\$1,500.00	\$1,500.00	\$79.50
Postage 1st Class	Postage 1st Class.		3000.0	\$1,350.00	\$1,350.00	
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conques	t Record.	500.0	\$50.00	\$50.00	
Web site - Banner	Web site Banner for campaigns.		1.0			
Web site - Landing Page	Creation of dealer's landing page for Does not contain inventory.	or campaign purposes.	1.0			
Email Template	Dealer Branded email template from	m our library.	1.0			
		Products/One T One Time Shipp One Time Sales Monthly Recurr Monthly Recurr Total Now Due Total Monthly	oing: Tax: ing: ing Sal			900.00 \$0.00 \$79.50 \$0.00 \$0.00 979.50 \$0.00
		*Taxes are subject to state and l *Does not include Dealer-paid	-	-	-	
this invoice does not replace or sup	ersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit (Card Aut	horization	1

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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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ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	RINFORMATION			
Account Owners Name:			VinSolutions Account Number: 6251	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00320151			Dollar Amount: \$2,979.50	
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:	