

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Cole - Krum Chevrolet (5045)

Agreement Number:OP#-00294233 Salesperson: Matt Griffis Date Created: 7/19/2013

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Post Card 6" X 9"	Post Card 6" X 9" used for campaigr include a website banner, email tempage (requires VinSolutions' website tags and posters are extra.	olate and landing	9014.0	\$4,507.00	\$3,605.60	\$216.34
Postage 1st Class	Postage 1st Class.		9014.0	\$4,056.30	\$2,884.48	\$173.07
Creative/Design time - Postcard	Design charge for custom postcards.	Four hours.	1.0	\$674.00	\$674.00	
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest	Record.	7500.0	\$750.00	\$300.00	\$18.00
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.	campaign purposes	1.0			
Email Template	Dealer Branded email template from	our library.	1.0			
	C C M M	Products/One Troducts/One Time Shipp One Time Sales Monthly Recurr Monthly Recurr Cotal Now Due Cotal Monthly	oing: Tax: ing: ing Sal		\$2	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 871.49 \$0.00
		Caxes are subject to state and l				
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit (Card Aut	horization	1
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	Z AUTHORIZ <i>A</i>	ATION	
ACCOUNT HOLDER	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 5045
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00294233		Dollar Amount: \$7,871.49
Credit Card Pa	yment		
CREDIT CARD INFO	ORMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

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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: