

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Michaud Mitsubishi (5859)

Agreement Number:OP#-00311869 Salesperson: Robert Bloomquist Date Created: 10/2/2013

Products List Sales **Product Description Qty Price Price** Custom email template for campaigns. Up to 2 billable Email Template - Custom 1.0 \$649.00 \$630.00 hours of creative work. Products/One Time: \$630.00 One Time Shipping: \$0.00 One Time Sales Tax: \$0.00 Monthly Recurring: \$0.00 **Total Now Due:** \$630.00 **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 ☐ One Time ACH ☐ One Time Credit Card Authorization ☐ Check By Fax 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 | RIZATI | ON |
|-----|------|-------|--------|----|
| | | | | |

| ACCOUNT HOLDER | | | | |
|---------------------|-----------|------|-----------------------------------|--|
| Account Owners Nan | ne: | | VinSolutions Account Number: 5859 | |
| Address Line 1: | | | Phone Number: | |
| Address Line 2: | | | Fax Number: | |
| City: | State: | Zip: | Email: | |
| Opportunity ID: OP# | -00311869 | | Dollar Amount: \$630.00 | |
| | | | | |
| Credit Card Pa | yment | | | |

| Credit | Card | Payn | ient |
|--------|------|------|------|
|--------|------|------|------|

| 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: |