

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Mtn. View Chevrolet (5850)

Agreement Number: OP#-00296909

Salesperson: Robert Bloomquist Date Created: 7/30/2013

Products

Product	Description	n	Qty.	List Price	Sales Price	Sales Tax
Postage 1st Class	Postage 1st Class.		10000.0	\$4,500.00	\$4,500.00	\$416.25
Post Card 6" X 11"	Post Card 6" X 11" used for campaigns. Campaigns include a website banner, email template and landing page (requires VinSolutions' website). Phone calls, hang tags and posters are extra.			\$3,700.00	\$342.25	
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conques	Capture Garage Predictor Conquest Record.		\$294.70	\$294.70	
Web site - Banner	Web site Banner for campaigns.		1.0			
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory.					
Email Template	Dealer Branded email template from	om our library.	1.0			
		One Time Shipping: One Time Sales Tax: Monthly Recurring: Monthly Recurring Sales Tax:			\$8,494.70 \$0.00 \$758.50 \$0.00 \$0.00	
		Total Now Due:		\$9,	253.20	
		Total Monthly Recurring: \$0. *Taxes are subject to state and local regulations and are subject to change *Does not include Dealer-paid Travel Expenses related to onsite training			\$0.00	
*this invoice does not replace or suj	persede 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.

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ACCOUNT HOLDER	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 5850
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00296909	-	Dollar Amount: \$9,253.20
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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: