

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Cole Buick GMC Cadillac (3079)

Agreement Number:OP#-00295642 Salesperson: Matt Griffis Date Created: 7/19/2013

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Postage 1st Class	Postage 1st Class.	6381.0	\$2,871.45	\$2,041.92	\$122.52
Post Card 6" X 9"	Post Card 6" X 9" used for campaigns. Campaigns include a website banner, email template and landing page (requires VinSolutions' website). Phone calls, hang tags and posters are extra.		\$3,190.50	\$1,786.68	\$107.20
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest Record.	6381.0	\$638.10	\$382.86	\$22.97
Creative work custom - Fulfillment	Custom creative work, priced per hour		\$169.00	\$10.88	
Web site - Banner	Custom creative work, priced per hour 1.0 \$169. Web site Banner for campaigns. 1.0				
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory. 1.0				
Email Template	Dealer Branded email template from our library.	1.0			
	Products/One T One Time Shipp One Time Sales Monthly Recurr Monthly Recurr Total Now Due Total Monthly	ping: s Tax: ring: ring Sa e: Recur	ring:	\$4,	222.34 \$0.00 252.69 \$0.00 \$0.00 475.03 \$0.00
this invoice does not replace or sup	*Taxes are subject to state and *Does not include Dealer-paid	_	-	-	
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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	e:		VinSolutions Account Number: 3079
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	00295642	-	Dollar Amount: \$4,475.03
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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: