

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Gunn Chevrolet (3868)

Agreement Number: OP#-00320119 Salesperson: Chris Hellums Date Created: 11/7/2013

Products

Product	Description	Qty.	List Price	Sales Price
Live Phone Calls Ala Carte	In database live phone calls for custom campaign. Onetime setup fee applies.	4400.0	\$12,276.00	\$9,680.00
Live Phone Calls Ala Carte onetime fee	Onetime setup fee to pull in database customer reports and establish call service.	1.0	\$329.00	\$320.00

Products/One Time: \$10,000.00 One Time Shipping: \$0.00 One Time Sales Tax: \$0.00 Monthly Recurring: \$0.00 **Total Now Due:** \$10,000.00 **Total Monthly Recurring:** \$0.00

*this invoice does not replace or supersede current billing

☐ One Time ACH ☐ Check By Fax ☐ One Time Credit Card Authorization

Signature Date

Copyright VinSolutions.







^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training

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	TIN	AE A	TU A	Γ HO	RIZA	TION

Account Owners Name: Address Line 1:			VinSolutions Account Number: 3868	
			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00	0320119		Dollar Amount: \$10,000.00	

Visa Mastercard AmEx - Please circle one

Check by Fax

Cardholder Name: Card Number:

•		
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: