

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Honda of Fishers (6041)

Agreement Number:OP#-00321831 Salesperson: Matt Griffis Date Created: 11/11/2013

Product	Description	Q	ety.	List Price	Sales Price	Sales Tax
Post Card 6" X 9"	Post Card 6" X 9" used for full service mucampaigns. Uses traditional, digital and so drive consumers to your virtual and physis showroom/service drive. Digital marketin are included on campaigns with 2500 or prospects and social medial components a with 5000 or more targeted prospects.	ocial media to ical ag components 3 more targeted	800.0	\$1,900.00	\$1,900.00	\$133.00
Postage Standard Post Card	Standard postage for post cards.	3	0.008	\$1,216.00	\$1,216.00	\$85.12
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest Record.		500.0	\$150.00	\$120.00	
Web site - Banner	Web site Banner for campaigns. 386		0.008			
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. 3800.0 Does not contain inventory.					
Email Template	Dealer Branded email template from our library.		800.0			
	One One Mon Mon Tota	ducts/One Time Time Shippin Time Sales Tothly Recurring the Now Due: al Monthly Recurring the Now Due:	ng: 'ax: g: g Sal		\$2	236.00 \$0.00 218.12 \$0.00 \$0.00 454.12 \$0.00
		are subject to state and local ot include Dealer-paid Trave	-	-	_	
this invoice does not replace or sup	ersede current billing					
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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 INFO	ORMATION		
Account Owners Name:			VinSolutions Account Number: 6041
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00321	1831		Dollar Amount: \$3,454.12

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: