

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Karp Auto (3341)

Agreement Number: OP#-00288517

Salesperson: Robert Bloomquist Date Created: 7/8/2013

Products

include a	st Class.	5000.0			
Post Carc	st Class.	5000.0			
include a		5000.0	\$2,250.00	\$2,250.00	\$194.07
Post Card 6" X 11" page (req	I 6" X 11" used for campaigns. Campaigns website banner, email template and landing uires VinSolutions' website). Phone calls, hang posters are extra.	5000.0	\$2,800.00	\$2,000.00	\$172.50
Capture Garage Predictor Conquest Record Capture G	Garage Predictor Conquest Record.	1838.0	\$183.80	\$183.80	\$15.85
Creative work custom - Fulfillment Custom c	reative work, priced per hour	2.0	\$338.00	\$169.00	
Web site - Banner Web site	Banner for campaigns.	1.0			
	of dealer's landing page for campaign purposes. contain inventory.	1.0			
Email Template Dealer Br	randed email template from our library.	1.0			

Products/One Time: \$4,602.80
One Time Shipping: \$0.00
One Time Sales Tax: \$382.42
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$4,985.22
Total Monthly Recurring: \$0.00

*this invoice	does	not	replace	or	supersede	current	billing

☐ Check By Fax	\square One Time ACH	☐ One Time Credit Card Authorization
Signature		Date

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

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







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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	AIIT	HOF.	RIZA	TION
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Account Owners Name	:		VinSolutions Account Number: 3341
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0288517	-	Dollar Amount: \$4,985.22

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: