

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Exotic Motors Midwest (6789)

Agreement Number:OP#-00325277

Salesperson: Sarah Nugent Date Created: 12/10/2013

Products						
Product	Descrip	otion	Qty.	List Price	Sales Price	Sales Tax
Post Card 6" X 9"	Post Card 6" X 9" used for fr campaigns. Uses traditional, drive consumers to your virtus showroom/service drive. Dig are included on campaigns w prospects and social medial of with 5000 or more targeted p	digital and social media to ual and physical gital marketing components with 2500 or more targeted components are included		\$1,277.50	\$1,277.50	\$110.03
Postage 1st Class	Postage 1st Class.		2555.0	\$1,149.75	\$1,149.75	\$99.03
SMM - Facebook and Twitter postings	Ties your social media to yo maximize the exposure and audience. Your cover photo with the campaign's artwork Facebook and 20 Twitter pro-	engagement of the targeted and app image are updated and we will post up to 10	1.0			
		Products/One T One Time Ship One Time Sales Monthly Recur Monthly Recur Total Now Due Total Monthly	ping: S Tax: ring: ring Sa		\$2	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 536.31 \$0.00
		*Taxes are subject to state and				
		*Does not include Dealer-paid	Travel Exper	ises related to onsit	e training	
*this invoice does not replace or supe	rsede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Aut	horization	ı
Signature				Da	te	







6405 Metcalf Ave. Suite 400 • Overland Park, KS 66202 • T: 1.800.980.7488 • F: 913.825.6396 • www.vinsolutions.com

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
	I IIVIIV				1 1 1 7 1 7

ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 6789	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00325277			Dollar Amount: \$2,636.31	

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: