

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Mike Molstead Motors (4880)

Agreement Number:OP#-00308079 Salesperson: Sarah Nugent Date Created: 9/23/2013

Product	Description	Qty.	List Price	Sales Price	Sale: Tax
Post Card 6" X 11"	Post Card 6" X 11" used for campaigns. Campaigns include a website banner, email template and landing page (requires VinSolutions' website). Phone calls, har tags and posters are extra.	2300.0	\$1,288.00	\$1,150.00	\$80.50
Postage 1st Class	Postage 1st Class.	2300.0	\$1,035.00	\$1,035.00	
Capture Garage Predictor Conquest Record	Capture Garage Predictor Conquest Record. 2048		\$204.80	\$204.80	
Creative work custom - Fulfillment	Custom creative work, priced per hour	1.0	\$169.00	\$169.00	
Web site - Banner	Web site Banner for campaigns.	1.0			
Email Template	Dealer Branded email template from our library.	1.0			
Web site - Landing Page	Creation of dealer's landing page for campaign purposes. Does not contain inventory. 1.0				
	Products/One One Time Ship One Time Sale	oping: es Tax:		·	558.80 \$0.00 \$80.50
	Monthly Recu Monthly Recu Total Now Du Total Monthl	rring Sa		\$2,	\$0.00 \$0.00 639.30 \$0.00
	Monthly Recu Total Now D u	rring Sale: y Recur	ring:	t to change	\$0.00 639.30
this invoice does not replace or sup	Monthly Recu Total Now Du Total Monthl *Taxes are subject to state an *Does not include Dealer-pa	rring Sale: y Recur	ring:	t to change	\$0.00 639.30







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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 Owners Name	e:		VinSolutions Account Number: 4880
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	00308079		Dollar Amount: \$2,639.30

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)

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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: