

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Kerlin Motor Co. (6265)

Agreement Number:OP#-00294833 Salesperson: Phil Dixon Date Created: 7/15/2013

Products

Product	Description		List Price	Sales Price	Sales Tax
Survey Module	Survey Tool for CRM customers		\$99.00	\$99.00	\$6.93
Survey Module onetime fee	Onetime fee for Survey Tool for CRM customers	1.0	\$99.00	\$99.00	

Products/One Time: \$99.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$99.00
Monthly Recurring Sales Tax: \$6.93
Total Now Due: \$204.93
Total Monthly Recurring: \$105.93

*this invoice does not replace or supersede current billing

 \Box Check By Fax \Box One Time ACH

☐ One Time Credit Card Authorization

Signature

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^{*}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	TIME	AUTHO	RIZATION
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ONE TIME	AUTHORIZA	TION	
ACCOUNT HOLDER	RINFORMATION		
Account Owners Nam	ie:		VinSolutions Account Number: 6265
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00294833		Dollar Amount: \$204.93
Credit Card Pa	•		
CREDIT CARD INFO	DRMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one
Card Number:			Expiration Date:

Check by Fax

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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: