

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

# Helfman Dodge Chrysler Jeep Ram (3468)

Agreement Number:OP#-00300042 Salesperson: Chris Hellums Date Created: 8/20/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	Sales Tax
Buyers Guide - English1000	English Buyers Guide - pri	ce per 1000	1.0	\$279.00	\$279.00	\$23.02
		Products/One T	ime:		\$2	279.00
		One Time Ship	ping:			\$0.00
		One Time Sales	Tax:		9	\$23.02
		Monthly Recur	ring:			\$0.00
		Monthly Recur		les Tax:		\$0.00
		<b>Total Now Due</b>	e:		\$3	302.02
		<b>Total Monthly</b>	Recur	ring:		\$0.00
		*Taxes are subject to state and	local regulati	ons and are subject	to change	
		*Does not include Dealer-paid	Travel Exper	ses related to onsite	e training	
*this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norization	ı
Signature				Da	te	

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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
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

ACCOUNT HOLDER INFORMATION			
Account Owners Nam	ne:		VinSolutions Account Number: 3468
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00300042	-	Dollar Amount: \$302.02
Opportunity ID: OP#-	00300042		Dollar Amount: \$302.02

### **Credit Card Payment**

CREDIT CARD INFORMATION	
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: