

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Hyundai Serramonte (5432)

Agreement Number:OP#-00311206 Salesperson: Sarah Nugent Date Created: 9/30/2013

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 1000 Custom	Reorder custom four color Vinstickers window sticker - price per 1000	1.0	\$899.00	\$899.00	\$80.92
Buyers Guide - English1000	English Buyers Guide - price per 1000	1.0	\$279.00	\$279.00	\$25.12

Products/One Time: \$1,178.00
One Time Shipping: \$0.00
One Time Sales Tax: \$106.04
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$1,284.04
Total Monthly Recurring: \$0.00

*this invoice does not replace or supersede current billing

 \Box Check By Fax \Box One Time ACH \Box 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.

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Account Owners Name:		VinSolutions Account Number: 5432	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
State:	Zip:	Email:	
Opportunity ID: OP#-00311206		Dollar Amount: \$1,284.04	
	State:	State: Zip:	

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: