

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Broadway Toyota Scion (6512)

Agreement Number:OP#-00299581 Salesperson: Zachary Arnold Date Created: 8/12/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
VinCamera & Software	G700		1.0	\$799.00	\$700.00	
		Products/One			\$7	700.00
		One Time Shi				\$0.00
		One Time Sale				\$0.00
		Monthly Recu				\$0.00
		Total Now Due:			\$700.00	
		Total Monthl	y Recui	rring:		\$0.00
		*Taxes are subject to state a	nd local regulat	ions and are subject	to change	
		*Does not include Dealer-pa	id Travel Exper	nses related to onsit	e training	
*this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horization	l
Signature				Da	te	

Copyright VinSolutions.







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	TIN	AE A	TU A	Γ HO	RIZA	TION

ONE TIM	E AUTHORIZA	TION			
ACCOUNT HOLDI	ER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 6512		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00299581			Dollar Amount: \$700.00		
Credit Card P	ayment				
CREDIT CARD IN	FORMATION				
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: