

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Gentry Auto Group (2609)

Agreement Number:OP#-00296610 Salesperson: Sarah Nugent Date Created: 7/23/2013

Products							
Product	Descri	ption	Qty.	List Price	Sales Price		
Buyers Guide - English1000	English Buyers Guide - pri	ce per 1000	1.0	\$279.00	\$279.00		
		Products/One	Time:		\$2	279.00	
			One Time Shipping:		\$0.00		
		One Time Sales Tax:			\$0.00		
		Monthly Recurring: Total Now Due:			\$0.00 \$279.00		
		Total Month	ly Recur	ring:		\$0.00	
		*Taxes are subject to state a	and local regulati	ons and are subject	t to change		
		*Does not include Dealer-p	aid Travel Exper	ses related to onsit	te training		
*this invoice does not replace or	r supersede current billing						
☐ Check By Fax	☐ One Time ACH	☐ One Time	☐ One Time Credit Card Authorization				
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	AUTHORIZA	TION			
ACCOUNT HOLDER		IION			
Account Owners Name:			VinSolutions Account Number: 2609		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-0	0296610		Dollar Amount: \$279.00		
Credit Card Pay					
CREDIT CARD INFO	RMATION				
Cardholder Name:			Visa Mastercard AmEx - Please circle one		
Card Number:			Expiration Date:		
Check by Fax					
	ORMATION (ACTUAL CI	JECV			
	THIS FORM) DO NOT M				
Bank Name:			Bank Phone:		
Name on Bank Acct:			Check Number:		
Bank Routing Number:	:		Checking Account Number:		
ACH (Electronic	c Debit)				
ACH (ELECTRONIC I	DEBIT) (VOIDED CHECK	MUST			
ACCOMPANY THIS I	FORM)				
Bank Name:	ank Name:		Bank Phone:		
Name on Bank Acct:					
Bank Routing Number:					
Checking Account Nun	mber:				

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: