

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Chevyland - Bossier (5517)

Agreement Number:OP#-00295222 Salesperson: Phil Dixon Date Created: 7/16/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
Trainer - One Day	One day of on-site training expenses paid by dealer.	with one trainer. All travel	4.0	\$5,396.00	\$5,396.00	
		Products/One T One Time Ship			\$5,3	396.00 \$0.00
		One Time Sales		\$0.00 \$0.00 \$0.00		
	Monthly Recurring: Total Now Due: Total Monthly Recurring		rring:	\$5,396.00		
		*Taxes are subject to state and *Does not include Dealer-paid				
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Auth	norization	l
Signature				Dat	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
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ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFO	ORMATION			
Account Owners Name:			VinSolutions Account Number: 5517	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-002952	222		Dollar Amount: \$5,396.00	
Cradit Card Dayman	nt			
Credit Card Payment				
CREDIT CARD INFORMA	TION			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

Check by Fax

Card Number:

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:	

Expiration Date:

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: