

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Bob Luegers Motors (1638)

Agreement Number:OP#-00297427 Salesperson: Matt Griffis Date Created: 7/25/2013

Products

Product	Descri	Description		List Price	Sales Price	Sales Tax
VinSticker - REORDER 500 Custor	Reorder custom four color price per 500	Vinstickers window sticker -	1.0	\$499.00	\$499.00	\$34.93
		Products/One T One Time Ship			\$4	199.00 \$0.00
		One Time Sales				\$34.93
		Monthly Recur				\$0.00
		Monthly Recur	_	les Tax:		\$0.00
		Total Now Due	e:		\$5	533.93
		Total Monthly	Recui	rring:		\$0.00
		*Taxes are subject to state and	local regulati	ions and are subject	to change	
		*Does not include Dealer-paid	Travel Expe	nses related to onsit	e training	
this invoice does not replace or su	persede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time (Credit	Card Autl	horization	1

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Signature





Date

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	RIZATIO	N

ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 1638	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00297427			Dollar Amount: \$533.93	
opportunity ib. or i	. 002/2/			
Credit Card Pa	ayment			
Credit Card Packet Card INF	ayment		Visa Mastercard AmEx - Please circle one	

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)

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: