VinSolutions
6405 Metcalf Ave Suite 400
Overland Park, KS 66202
www.vinsolutions.com
Sales and Support: 913-825-6124

Purchase Agreement Summary For

Thomas Team Honda (3816)

Agreement Number:OP#-00284732

Salesperson: Jeremy Bravard Date Created: 6/10/2013

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
VinCamera & Software	G700	1.0	$799.00	$799.00	$47.94

Products/One Time:	$799.00
One Time Shipping:	$0.00
One Time Sales Tax:	$47.94
Monthly Recurring:	$0.00
Monthly Recurring Sales Tax:	$0.00
Total Now Due:	**$846.94**
Total Monthly Recurring:	**$0.00**

*Taxes are subject to state and local regulations and are subject to change

*Does not include Dealer-paid Travel Expenses related to onsite training

***this invoice does not replace or supersede current billing**

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

Signature _____ Date _____

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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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:			VinSolutions Account Number: 3816
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00284732			Dollar Amount: $846.94

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: