

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Champion Auto Team (2230)

Agreement Number:OP#-00347341 Salesperson: Nate Blair Date Created: 5/16/2014

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Buyers Guide - English1000	English Buyers Guide - price per 1000	1.0	\$279.00	\$279.00	\$16.74
	One Time S	Products/One Time: One Time Shipping:			279.00 \$0.00

One Time Sales Tax: \$16.74

Monthly Recurring: \$0.00

Monthly Recurring Sales Tax: \$0.00

Total Now Due: \$295.74

Total Monthly Recurring: \$0.00

*this invoice does not replace or supersede current billing

 \square Check By Fax \square One Time ACH \square One Time Credit Card Authorization

Signature

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^{*}Taxes are subject to state and local regulations and are subject to change

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

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.

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ONE TIME	AUTHORIZA	TION			
ACCOUNT HOLDER		111011			
Account Owners Name: Address Line 1: Address Line 2:			VinSolutions Account Number: 2230		
			Phone Number: Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00347341			Dollar Amount: \$295.74		
Credit Card Pay CREDIT CARD INFO					
Cardholder Name:			Visa Mastercard AmEx - Please circle one		
Card Number:			Expiration Date:		
Check by Fax					
CHECK BY FAX INF	ORMATION (ACTUAL C	CHECK			
MUST ACCOMPANY	THIS FORM) DO NOT M	MAIL			
Bank Name:			Bank Phone:		

ACH (Electronic Debit)

Name on Bank Acct:

Bank Routing Number:

,	
ACH (ELECTRONIC DEBIT) (VOIDED CHECK MUST	
ACCOMPANY THIS FORM)	
Bank Name:	Bank Phone:
Name on Bank Acct:	
Bank Routing Number:	
Checking Account Number:	

Check Number:

Checking Account Number:

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: