

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Lewis Chevrolet Buick (5139)

Agreement Number:OP#-00285654 Salesperson: Sarah Nugent Date Created: 6/12/2013

Products

Product	Description	Qty.	List Price	Sales Price	
Data Appending	Recurring appending your customer data.	1.0	\$149.00	\$149.00	
Data Appending onetime fee	Onetime fee to initially append customer data.	1.0	\$149.00	\$149.00	

Products/One Time: \$149.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$149.00
Total Now Due: \$298.00
Total Monthly Recurring: \$149.00

*this invoice does not replace or supersede current billing

☐ Check By Fax ☐ One Time ACH ☐ 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	AUTHORIZ A	ATION			
ACCOUNT HOLDER I	NFORMATION				
Account Owners Name:			VinSolutions Account Number: 5139		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00)285654		Dollar Amount: \$298.00		
Credit Card Pays					
Cardholder Name:	AVIATION		Visa Mastercard AmEx - Please circle one		

Check by Fax

Card Number:

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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)

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: