

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Wilson County Chevrolet Buick GMC (2280)

Agreement Number:OP#-00311843 Salesperson: Jason Gorman Date Created: 10/2/2013

Product	Descri	ption	Qty.	List Price	Sales Price	Sales Tax
/inSticker - REORDER 500 Custor	n Reorder custom four color price per 500	Vinstickers window sticker -	1.0	\$499.00	\$499.00	\$46.16
		Products/One T One Time Ship One Time Sale Monthly Recur	ping: s Tax:		·	\$0.00 \$0.00 \$46.16 \$0.00
		Monthly Recur Total Now Du Total Monthly	e:		\$5	\$0.00 545.16 \$0.00
		*Taxes are subject to state and *Does not include Dealer-paid				
this invoice does not replace or su	persede current billing					
	☐ One Time ACH	☐ One Time				

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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)RIZAT	LIUN

ACCOUNT HOLDER INFORMATION				
Account Owners Name:		VinSolutions Account Number: 2280		
Address Line 1:		Phone Number:		
Address Line 2:		Fax Number:		
State:	Zip:	Email:		
Opportunity ID: OP#-00311843		Dollar Amount: \$545.16		
	State:	State: Zip:		

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: