

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Hadwin White Buick GMC Subaru (6472)

Agreement Number:OP#-00319371 Salesperson: Matt Griffis Date Created: 10/29/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
VinSticker - 250 Certified Vehicle	e Vinstickers Certified label -	price per 250	1.0	\$279.00	\$279.00	
		Products/One Tone Time Ship One Time Sale Monthly Recur	ping: s Tax: ring: e:		·	279.00 \$0.00 \$0.00 \$0.00 279.00
		Total Monthly	Recui	ring:		\$0.00
		*Taxes are subject to state and *Does not include Dealer-paid				
*this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norization	1
Signature				Da	te	

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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	RIZA	TION

ONE TIME AUTHORIZATION					
ACCOUNT HOLDE	R INFORMATION				
Account Owners Name:			VinSolutions Account Number: 6472		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00319371			Dollar Amount: \$279.00		
Credit Card Pa	•				
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: