

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Baystate Chrysler Jeep Dodge (6314)

Agreement Number:OP#-00284473 Salesperson: Jeremy Bravard Date Created: 6/7/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
Drivers License Scanner	Automatically uploads cust	omer's information	2.0	\$1,998.00	\$1,798.00	
		Products/One One Time Sh One Time Sa Monthly Rec Total Now D Total Month	ipping: les Tax: urring: Due: lly Recur		\$1,7	798.00 \$0.00 \$0.00 \$0.00 798.00
		*Does not include Dealer-	paid Travel Expen	ses related to onsit	e training	
*this invoice does not replace or su	upersede current billing	☐ One Tim	e 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 HOLDER	INFORMATION			
Account Owners Name	:		VinSolutions Account Number: 6314	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	0284473		Dollar Amount: \$1,798.00	
Credit Card Pay				
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: