

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Frank Boucher Kia Mazda VW of Racine (3481)

Agreement Number:OP#-00300505 Salesperson: Phil Dixon Date Created: 8/22/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	Sales Tax
VinCamera & Software	G700		1.0	\$799.00	\$799.00	\$40.75
		Products/One T	ime:		\$7	799.00
		One Time Ship				\$0.00
		One Time Sales				\$40.75
		Monthly Recur	_	1 5		\$0.00
		Monthly Recur		iles Tax:	Φ.	\$0.00
		Total Now Due			\$8	339.75
		Total Monthly	Kecui	rring:		\$0.00
		*Taxes are subject to state and	local regulat	ions and are subject	to change	
		*Does not include Dealer-paid	Travel Exper	nses related to onsit	e training	
*this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norization	ı
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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Nam	ie:		VinSolutions Account Number: 3481	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State: Zip:		Email:	
Opportunity ID: OP#-00300505			Dollar Amount: \$839.75	

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: