

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

## Don Franklin Chevrolet Buick GMC (6098)

Agreement Number:OP#-00286037 Salesperson: Matt Griffis Date Created: 6/17/2013

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 1000 Custom	Reorder custom four color price per 1000	Vinstickers window sticker -	1.0	\$899.00	\$899.00	\$53.94
		Products/One T			\$8	399.00
		One Time Ship One Time Sales			Ċ	\$0.00 \$53.94
		Monthly Recur			4	\$0.00
		Monthly Recur	_	iles Tax·		\$0.00
		Total Now Due		nes rux.	\$9	<b>952.94</b>
		Total Monthly		rring:	Ψ	\$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	training	
this invoice does not replace or supe	ersede current billing					

Copyright VinSolutions.



Signature





Date

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

<b>ONE TIME</b>	<b>AUTHORIZ</b>	TION		
ACCOUNT HOLDER	INFORMATION			
Account Owners Name:			VinSolutions Account Number: 6098	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00286037		Dollar Amount: \$952.94	
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: