

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

# Best Chevrolet (6090)

Agreement Number:OP#-00301420 Salesperson: Brett Slaterbeck Date Created: 8/29/2013

Products		1.0 \$799.00 \$799.00				
Product	Descri	ption	Qty.		11	
VinCamera & Software	G700		1.0	\$799.00	\$799.00	
		Products/One 7	Γime:		\$7	799.00
		One Time Ship				\$0.00
		One Time Sale				\$0.00
		Monthly Recur				\$0.00
		Total Now Du			\$7	799.00
		<b>Total Monthly</b>	Recui	rring:		\$0.00
		*Taxes are subject to state and	l local regulati	ons and are subject	t to change	
		*Does not include Dealer-paid	l Travel Expe	nses related to onsit	te training	
*this invoice does not replace o	r supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Aut	horization	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.

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ACCOUNT HOLDER				
Account Owners Name:			VinSolutions Account Number: 6090	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00301420		Dollar Amount: \$799.00	

#### **Credit Card Payment**

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

### **Check by Fax**

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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: