

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

## CDJ Automotive (6494)

Agreement Number:OP#-00299809 Salesperson: Sarah Nugent Date Created: 8/16/2013

## **Products**

| Product                                     | Description  |       | List<br>Price | Sales<br>Price | Sales<br>Tax |
|---|--|-------|---------------|----------------|--------------|
| VinSticker - 1000 Custom                    | Custom four color Vinstickers window sticker - price per                         | . 1.0 | \$899.00      | \$899.00       | \$78.43      |
| VinStickers - Custom / Ad Hoc Design<br>Fee | 1000  New custom sticker creative work or changes to an existing custom sticker. | 1.0   | \$169.00      | \$169.00       | \$76.43      |

Products/One Time: \$1,068.00
One Time Shipping: \$0.00
One Time Sales Tax: \$78.43
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$1,146.43
Total Monthly Recurring: \$0.00

\*this invoice does not replace or supersede current billing

 $\square$  Check By Fax  $\square$  One Time ACH  $\square$  One Time Credit Card Authorization

Date

Copyright VinSolutions.



Signature





<sup>\*</sup>Taxes are subject to state and local regulations and are subject to change

<sup>\*</sup>Does not include Dealer-paid Travel Expenses related to onsite training

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 (P) 913-825-6300 (F) 617-904-1618

## **Payment Authorization**

Checking Account Number:

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.

| ACCOUNT HOLDE   | R INFORMATION                   |        |  |  |  |
|---|---------------------------------|--------|--|--|--|
| Account Owners Name: Address Line 1: Address Line 2:  |                                 |        | VinSolutions Account Number: 6494        |  |  |
|   |                                 |        | Phone Number: Fax Number:                |  |  |
|   |                                 |        |  |  |  |
| City:   | State:                          | Zip:   | Email:                                   |  |  |
| Opportunity ID: OP#   | -00299809                       | •      | Dollar Amount: \$1,146.43                |  |  |
| CREDIT CARD INFORMATION  Cardholder Name:   |                                 |        | Visa Mastercard AmEx - Please circle one |  |  |
| Credit Card Pa  | vment                           |        |  |  |  |
|   |                                 |        |  |  |  |
| Card Number:  |                                 |        | Expiration Date:                         |  |  |
| Check by Fax  |                                 |        |  |  |  |
|   | FORMATION (ACTUAL C             | HECK   |  |  |  |
|   | Y THIS FORM) DO NOT M           |        |  |  |  |
|   | Bank Name:                      |        | Bank Phone:                              |  |  |
|   |                                 |        |  |  |  |
|   |                                 |        | Check Number:                            |  |  |
| Bank Name:  | ы:                              |        | Check Number: Checking Account Number:   |  |  |
| Bank Name: Name on Bank Acct: Bank Routing Number   |                                 |        |  |  |  |
| Bank Name:<br>Name on Bank Acct:  |                                 |        |  |  |  |
| Bank Name: Name on Bank Acct: Bank Routing Number ACH (Electron ACH (ELECTRONIC                 | ic Debit) C DEBIT) (VOIDED CHEC | K MUST |  |  |  |
| Bank Name: Name on Bank Acct: Bank Routing Number  ACH (Electron ACH (ELECTRONIC ACCOMPANY THIS | ic Debit) C DEBIT) (VOIDED CHEC | K MUST | Checking Account Number:                 |  |  |
| Bank Name: Name on Bank Acct: Bank Routing Number ACH (Electron ACH (ELECTRONIC                 | ic Debit) C DEBIT) (VOIDED CHEC | K MUST |  |  |  |
| Bank Name: Name on Bank Acct: Bank Routing Number  ACH (Electron ACH (ELECTRONIC ACCOMPANY THIS | ic Debit) C DEBIT) (VOIDED CHEC | K MUST | Checking Account Number:                 |  |  |

| ACKNOWLEDGEMENT       |        |
|-----------------------|--------|
| Authorized Name:      | Title: |
| Authorized Signature: | Date:  |