

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Vern Eide Chevrolet (4592)

Agreement Number:OP#-00323073 Salesperson: Sarah Nugent Date Created: 11/7/2013

Product	Description		List Price	Sales Price	Sales Tax
VinSticker - REORDER 1000 Custom	Reorder custom four color Vinstickers window sticker - price per 1000	1.0	\$899.00	\$899.00	\$66.31
	Products/One T	ime:		\$8	399.00
	One Time Ship			Ψ	\$0.00
	One Time Sales			9	666.31
	Monthly Recur	ring:			\$0.00
	Monthly Recur	ring Sa	les Tax:		\$0.00
	Total Now Due	e:		\$9	965.31
	Total Monthly	Recui	rring:		\$0.00
	*Taxes are subject to state and	local regulati	ions and are subject	to change	
	*Does not include Dealer-paid	Travel Exper	nses related to onsite	e training	

Copyright VinSolutions.



Signature

☐ Check By Fax

Products





*this invoice does not replace or supersede current billing

 \square One Time ACH

☐ One Time Credit Card Authorization

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	RIZATION
		/ N N / H H H N /	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Nam	ne:		VinSolutions Account Number: 4592
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00323073		Dollar Amount: \$965.31

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: