

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Laramie Ford (5001)

Agreement Number: OP#-00297716 Salesperson: Sarah Nugent Date Created: 7/26/2013

Product	Description		Qty.	List Price	Sales Price	
inSticker - REORDER 250 Custom	Reorder custom four color price per 250	Vinstickers window sticker -	1.0	\$279.00	\$279.00	
	- *					
		Products/One T	ime:		\$2	279.00
		One Time Ship				\$0.00
		One Time Sales				\$0.00
		Monthly Recur				\$0.00
		Total Now Due			\$2	279.00
		Total Monthly	Recui	rring:		\$0.00
		*Taxes are subject to state and	local regulati	ons and are subject	to change	
		*Does not include Dealer-paid	Travel Exper	nses related to onsite	e training	
his invoice does not replace or sup	ersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norization	1

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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.

ONE	TIME	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION			
		VinSolutions Account Number: 5001	
Address Line 1:		Phone Number:	
		Fax Number:	
State: Zip:		Email:	
)297716		Dollar Amount: \$279.00	
	State:	State: Zip:	

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: