

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

# Cook Chevrolet (3258)

Agreement Number:OP#-00297954 Salesperson: Brett Slaterbeck Date Created: 7/31/2013

Products			
Product	Descri	ption Qty.	List Sales Price Price
VinCamera & Software	G700	1.0	\$799.00 \$799.00
		Products/One Time: One Time Shipping:	\$799.00 \$0.00
		One Time Sales Tax: Monthly Recurring:	\$0.00 \$0.00
		Total Now Due: Total Monthly Recurr	\$799.00 ing: \$0.00
		*Taxes are subject to state and local regulations *Does not include Dealer-paid Travel Expenses	•
*this invoice does not replace or	supersede current billing		
☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Ca	ard Authorization

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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	RIZATION
	# # I V # # 2		

Account Owners Name:			VinSolutions Account Number: 3258	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	0297954		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

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: