

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Purchase Agreement Summary For

Gunn Buick GMC (3867)

Agreement Number:OP#-00290375

Salesperson: Jennifer Barnhart Duvall Date Created: 6/28/2013

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Products						
Product	Descrip	Description		List Price	Sales Price	
Live Phone Calls Ala Carte	In database live phone calls f Onetime setup fee applies.	or custom campaign.	2000.0	\$5,580.00	\$5,000.00	
		Products/One	Time:		\$5,0	00.00
		One Time Sh				\$0.00
		One Time Sa				\$0.00
		Monthly Rec			.	\$0.00
		Total Now D Total Month		ring:	\$5,0	00.00 00.00
		*Taxes are subject to state	and local regulati	ons and are subjec	t to change	
		*Does not include Dealer-	oaid Travel Exper	nses related to onsi	te training	
this invoice does not replace or s	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Tim	e Credit	Card Aut	horization	
Signature				Da	ite	

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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	AUTHO	RIZATION
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Account Owners Name:			VinSolutions Account Number: 3867	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00290375		Dollar Amount: \$5,000.00	

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: