

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

# **Duvall Automotive (6339)**

Agreement Number:OP#-00300182 Salesperson: Brett Slaterbeck Date Created: 8/21/2013

Products						
Product	Description		Qty.	List Price	Sales Price	Sales Tax
Training Manuals	Training manuals to be ship	oped to dealer.	2.0	\$13.98	\$13.98	\$0.98
		Products/One Time: One Time Shipping: One Time Sales Tax:			\$13.98 \$0.00 \$0.98	
		Monthly R Monthly R	_	ıles Tax:		\$0.00 \$0.00
		Total Now Total Mon		rring:	(	\$14.96 \$0.00
		*Taxes are subject to *Does not include De				
☐ Check By Fax	☐ One Time ACH	☐ One T	ime Credit	Card Aut	horizatio	1

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

ACCOUNT HOLDER INFORMATION				
Account Owners Nan	ne:		VinSolutions Account Number: 6339	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00300182		Dollar Amount: \$14.96	

### **Credit Card Payment**

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

### Check by Fax

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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: