

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Thompson Buick GMC Cadillac (4291)

Agreement Number: OP#-00299643 Salesperson: Sarah Nugent Date Created: 8/12/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	Sales Tax
Buyers Guide - English1000	English Buyers Guide - pri	ce per 1000	1.0	\$279.00	\$279.00	\$21.21
		Products/One One Time Sh			\$2	279.00 \$0.00
		One Time Sa				\$21.21 \$0.00
		Monthly Rec Monthly Rec	_	les Tax:		\$0.00
		Total Now I Total Montl	Due:		\$3	300.21 \$0.00
		*Taxes are subject to stat	e and local regulati	ons and are subject	to change	
		*Does not include Dealer	-paid Travel Expen	ses related to onsit	e training	
*this invoice does not replace or	r supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Tin	ne Credit	Card Autl	norizatior	1
Signature				Da	te	

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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	R INFORMATION		
Account Owners Name:			VinSolutions Account Number: 4291
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00299643		Dollar Amount: \$300.21

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: