

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Freeman Hyundai (4072)

Agreement Number:OP#-00292334 Salesperson: David White Date Created: 7/2/2013

Products

\$46.13
\$6.53
\$26.40
\$13.13
\$13.13
000000000000000000000000000000000000000

Total Monthly Recurring:	\$850.66
Total Now Due:	\$1,701.32
Monthly Recurring Sales Tax:	\$52.66
Monthly Recurring:	\$798.00
One Time Sales Tax:	\$52.66
One Time Shipping:	\$0.00
Products/One Time:	\$798.00

^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training

☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card A	Authorization
Signature			Date

 $Copyright\ Vin Solutions.$







6405 Metcalf Ave. Suite 400

Overland Park, KS 66202

T: 1.800.980.7488

• F: 913.825.6396 •

www.vinsolutions.com

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	RIZATIO	N

ONE TIME AUTHORIZATION			
ACCOUNT HOLDER	INFORMATION		
Account Owners Name:			VinSolutions Account Number: 4072
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00292334		Dollar Amount: \$1,701.32
Credit Card Pa	yment		
CREDIT CARD INFO	RMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

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:	

Expiration Date:

ACH (Electronic Debit)

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: