

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Cannon Chevrolet Cadillac Nissan (6153)

Agreement Number: OP#-00293744 Salesperson: Jeremy Bravard Date Created: 7/11/2013

Products List Sales Sales **Product Description** Qty. **Price Price** Tax One day of on-site training with one trainer. All travel Trainer - One Day \$1,349.00 \$999.00 \$69.93 expenses paid by dealer. Products/One Time: \$999.00 One Time Shipping: \$0.00 One Time Sales Tax: \$69.93 Monthly Recurring: \$0.00 Monthly Recurring Sales Tax: \$0.00 **Total Now Due:** \$1,068.93 **Total Monthly Recurring:** \$0.00 *Taxes are subject to state and local regulations and are subject to change *Does not include Dealer-paid Travel Expenses related to onsite training *this invoice does not replace or supersede current billing ☐ One Time Credit Card Authorization ☐ Check By Fax ☐ One Time ACH Signature Date

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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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION					
Account Owners Name:			VinSolutions Account Number: 6153		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-002	93744		Dollar Amount: \$1,068.93		

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: