

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Steve Marsh Ford (6406)

Agreement Number:OP#-00299155 Salesperson: Jason Gorman Date Created: 8/12/2013

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
VinSticker - 500 Custom	Custom four color Vinstickers window sticker - price per 500	1.0	\$499.00	\$499.00	\$48.65
VinStickers - Custom / Ad Hoc Design Fee	New custom sticker creative work or changes to an existing custom sticker.	1.0	\$169.00	\$169.00	\$16.48
Buyers Guide - English500	English Buyers Guide - price per 500	1.0	\$149.00	\$149.00	\$14.53

Products/One Time: \$817.00
One Time Shipping: \$0.00
One Time Sales Tax: \$79.66
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$896.66
Total Monthly Recurring: \$0.00

*this invoice does not replace or supersede current billing

 \square Check By Fax \square One Time ACH \square One Time Credit Card Authorization

Signature

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

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

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 (P) 913-825-6300 (F) 617-904-1618

Payment Authorization

ACKNOWLEDGEMENT

Authorized Name:

Authorized Signature:

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.

Address Line 1: Address Line 2: City: Opportunity ID: OP#-00299155 Dollar Amount: \$896.66 Credit Card Payment CREDIT CARD INFORMATION Cardholder Name: Card Number: Check by Fax CHECK BY FAX INFORMATION (ACTUAL CHECK MUST ACCOMPANY THIS FORM) DO NOT MAIL Bank Routing Number: Bank Routing Number: Check (Leterronic Debit) ACH (Electronic Debit) ACCOMPANY THIS FORM) Bank Phone: Bank Phone: Check Must Accompany This FORM) Bank Phone: Checking Account Number: Bank Phone: Bank Phone: Checking Account Number: Checking Account Number:	ACCOUNT HOLDER INFORMATION Account Owners Name:			VinSolutions Account Number: 6406	
Address Line 2: City: State: Zip: Email: Opportunity ID: OP#-00299155 Dollar Amount: \$896.66 Credit Card Payment CREDIT CARD INFORMATION Cardholder Name: Visa Mastercard AmEx - Please circle one Expiration Date: Check by Fax CHECK BY FAX INFORMATION (ACTUAL CHECK MUST ACCOMPANY THIS FORM) DO NOT MAIL Bank Name: Bank Routing Number: Check in Account Number: ACH (Electronic Debit) ACH (Electronic Debit) ACH (ELECTRONIC DEBIT) (VOIDED CHECK MUST ACCOMPANY THIS FORM) Bank Name: Bank Phone: Bank Phone:	Address Line 1:				
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