

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

# Warren Midtown Motors (3730)

Agreement Number: OP#-00320968 Salesperson: Jason Gorman Date Created: 11/4/2013

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 1000 Custo	Reorder custom four color price per 1000	Vinstickers window sticker	1.0	\$899.00	\$899.00	\$53.94
		Products/One 7			\$8	399.00
		One Time Ship			,	\$0.00
		One Time Sale			3	\$53.94
		Monthly Recur	_	1 T		\$0.00
		Monthly Recur <b>Total Now Du</b>		nes rax:	\$1	\$0.00 <b>952.94</b>
		Total Now Du		rring:	φ	\$0.00
		*Taxes are subject to state and	local regulati	ions and are subject	to change	
		*Does not include Dealer-paid	Travel Expe	nses related to onsit	e training	
this invoice does not replace or su	persede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horization	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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 3730	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00320968		Dollar Amount: \$952.94	

## **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: