

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Walker's Renton Subaru/Mazda (3220)

Agreement Number:OP#-00308185 Salesperson: Sarah Nugent Date Created: 9/20/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	Sales Tax
Buyers Guide - English1000	English Buyers Guide - price	ce per 1000	1.0	\$279.00	\$279.00	\$26.51
		Products/One T One Time Ship One Time Sales Monthly Recur Monthly Recur Total Now Duc Total Monthly	ping: S Tax: ring: ring Sa e: Recur	ring:	\$.	279.00 \$0.00 \$26.51 \$0.00 \$0.00 305.51 \$0.00
*this invoice does not replace or	r cuporcodo ourront billing	*Does not include Dealer-paid	Travel Exper	ses related to onsite	e training	
*this invoice does not replace of Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Auth	norizatior	ı
Signature				Dat	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	AUTHO	RIZATION
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Account Owners Name: Address Line 1:			VinSolutions Account Number: 3220 Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	0308185	-	Dollar Amount: \$305.51	

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: