

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Carter of Manchester Chevrolet Mazda (5542)

Agreement Number:OP#-00321399 Salesperson: Robert Bloomquist Date Created: 11/5/2013

List Sales Sales **Product Description Qty Price Price** Tax Reorder custom four color Vinstickers window sticker -VinSticker - REORDER 250 Custom 1.0 \$279.00 \$279.00 \$17.72 price per 250 Products/One Time: \$279.00 One Time Shipping: \$0.00 One Time Sales Tax: \$17.72 Monthly Recurring: \$0.00

*Taxes are subject to state and local regulations and are subject to change

Monthly Recurring Sales Tax:

Total Monthly Recurring:

Total Now Due:

*this invoice does not replace or supersede current billing

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

Signature

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Products





\$0.00

\$0.00

\$296.72

^{*}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

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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ONE TIME	AUTHORIZA	TION	
ACCOUNT HOLDER	R INFORMATION		
Account Owners Nan	ie:		VinSolutions Account Number: 5542
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00321399		Dollar Amount: \$296.72
Credit Card Pa	•		
Cardholder Name:	_		Visa Mastercard AmEx - Please circle one
Card Number:			Expiration Date:

Check by Fax

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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: