

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Vatland Honda (4011)

Agreement Number:OP#-00286021 Salesperson: Matt Griffis Date Created: 6/14/2013

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 500 Custom	Reorder custom four color price per 500	Vinstickers window sticker	1.0	\$499.00	\$499.00	\$34.93
		Products/One 7			\$4	199.00
		One Time Ship				\$0.00
		One Time Sale			3	\$34.93 \$0.00
		Monthly Recur Monthly Recur	_	lec Tav		\$0.00
		Total Now Du		ics rax.	\$4	533.93
		Total Monthly		ring:	4-	\$0.00
		*Taxes are subject to state and	local rogulati	one and are cubicat	to change	
		*Does not include Dealer-paid	_			
this invoice does not replace or sup	ersede current billing		-			
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horizatior	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.

ONE	TIME	AUTHO	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 4011	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00286021			Dollar Amount: \$533.93	
Credit Card Pa	nyment			
CREDIT CARD INF	ORMATION			
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: