

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Purchase Agreement Summary For

Park Chrysler Jeep (3343)

Agreement Number:OP#-00285880 Salesperson: Phil Dixon Date Created: 6/13/2013

Products						
Product	Descrip	Description Qty		List Price	Sales Price	
Custom Form Design	Design of custom forms		1.0	\$199.00	\$199.00	
		Products/One One Time Shi One Time Salo Monthly Recu Total Now D i	pping: es Tax: rring:			\$0.00 \$0.00 \$0.00 \$0.00
		Total Monthl *Taxes are subject to state at	nd local regulat	ions and are subject		\$0.00
*this invoice does not replace or	supersede current billing	*Does not include Dealer-pa	id Travel Expe	nses related to onsit	e training	
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horization	l
Signature				Da	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 HOLDER	INFORMATION			
Account Owners Name	e:		VinSolutions Account Number: 3343	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00285880		Dollar Amount: \$199.00	

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: