

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Karp Auto (3341)

Agreement Number: OP#-00309365 Salesperson: Robert Bloomquist Date Created: 9/24/2013

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 1000 Custor	Reorder custom four color price per 1000	Vinstickers window sticker	1.0	\$899.00	\$899.00	\$77.54
		Products/One 7			\$8	399.00
		One Time Ship			(\$0.00
		One Time Sale				\$77.54
		Monthly Recur Monthly Recur	_	lec Tav		\$0.00
		Total Now Du		ics rux.	\$0	976.54
		Total Monthly		ring:	Ψ,	\$0.00
		*Taxes are subject to state and	local regulati	ons and are subject	t to change	
		*Does not include Dealer-paid	Travel Exper	ses related to onsit	te training	
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	RIZATION
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Address Line 1: Phone Number: Address Line 2: Fax Number: City: State: Zip: Email:	
	Phone Number:
City: Zip: Email:	
Opportunity ID: OP#-00309365 Dollar Amount: \$9	76.54

Visa Mastercard AmEx - Please circle one

Check by Fax

Cardholder Name: Card Number:

•	
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:

Expiration Date:

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: