

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Cargill Chevrolet (3156)

Agreement Number:OP#-00304675

Salesperson: Robert Bloomquist Date Created: 9/12/2013

igns. Campaigns mplate and landing site). Phone calls, hang for campaign purposes om our library.	6000.0	\$2,700.00 \$3,000.00		\$171.45 \$140.97
implate and landing site). Phone calls, hang for campaign purposes	6000.0 1.0 1.0			\$171.45 \$140.97
implate and landing site). Phone calls, hang for campaign purposes	1.0	\$3,000.00	\$2,220.00	\$140.97
	1.0			
	1.0			
om our library.	1.0			
One Time Sales Monthly Recurr	Tax:	les Tax:	ŕ	\$0.00 312.42 \$0.00 \$0.00
Total Now Due:			\$5,	232.42
Total Monthly	Recur	ring:		\$0.00
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☐ One Time (Credit (Card Aut	horizatio	n
	One Time Shipp One Time Sales Monthly Recurr Monthly Recurr Total Now Due Total Monthly *Taxes are subject to state and *Does not include Dealer-paid	Total Now Due: Total Monthly Recur *Taxes are subject to state and local regulati *Does not include Dealer-paid Travel Expen	One Time Shipping: One Time Sales Tax: Monthly Recurring: Monthly Recurring Sales Tax: Total Now Due: Total Monthly Recurring: *Taxes are subject to state and local regulations and are subject *Does not include Dealer-paid Travel Expenses related to onsi	One Time Shipping: One Time Sales Tax: \$ Monthly Recurring: Monthly Recurring Sales Tax: Total Now Due: \$5,







6405 Metcalf Ave. Suite 400 • Overland Park, KS 66202 • T: 1.800.980.7488 • F: 913.825.6396 • www.vinsolutions.com

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 Nam	e:		VinSolutions Account Number: 3156
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00304675		Dollar Amount: \$5,232.42

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: