

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Huntersville Ford (3853)

Agreement Number:OP#-00318935 Salesperson: Matt Griffis Date Created: 10/28/2013

Products

Product	Description		List Price	Sales Price	Sales Tax
			4440	444000	410.01
Buyers Guide - English500	English Buyers Guide - price per 500	1.0	\$149.00	\$149.00	\$10.81
	Products/One	e Time:		\$1	149.00
	One Time Sh	ipping:			\$0.00
	One Time Sa	les Tax:		9	810.81
	Monthly Rec	urring:			\$0.00
	Monthly Rec	_	ales Tax:		\$0.00
	Total Now I	Due:		\$1	159.81

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

Total Monthly Recurring:

*this invoice does not replace or supersede current billing

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

Signature

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\$0.00

^{*}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	E AUTHORIZ A	TION	
ACCOUNT HOLDE	R INFORMATION		
Account Owners Nar	me:		VinSolutions Account Number: 3853
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	‡-00318935		Dollar Amount: \$159.81
Credit Card Pa	ů .		
CREDIT CARD INF	FORMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

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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:	

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: