

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

## Walker's Renton Subaru/Mazda (3220)

Agreement Number:OP#-00291489 Salesperson: Sarah Nugent Date Created: 7/1/2013

Products					
Product	Description		List Price	Sales Price	Sales Tax
VinSticker - REORDER 1000 Custom	Reorder custom four color Vinstickers window sticker - price per 1000	1.0	\$899.00	\$899.00	\$85.41
	Due de 142/Ou - T	·		φ	200.00
	Products/One Time: One Time Shipping:			\$6	899.00
				\$0.00	
One Time Sales Tax:  Monthly Recurring:  Monthly Recurring Sales Tax:			\$85.41		
		1 5	\$0.00		
		ales Tax:	\$0.00		
	Total Now Due	Total Now Due:		\$984.41	
Total Monthly Recurring:		rring:	\$0.00		
*Taxes are subject to state and local regulations and are s		ions and are subject	to change		

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Signature

☐ Check By Fax





\*this invoice does not replace or supersede current billing

 $\square$  One Time ACH

\*Does not include Dealer-paid Travel Expenses related to onsite training

☐ One Time Credit Card Authorization

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	TIN	AE A	LII	$\Gamma$ HO	RIZA	TION

Checking Account Number:

ACCOUNT HOLDE Account Owners Na			VinSolutions Account Number: 3220		
Address Line 1:	nc.		Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#		<u> </u>	Dollar Amount: \$984.41		
REDIT CARD INF	ORMATION		Visa Mastercard AmEv - Please circle one		
Credit Card Pa	avmont				
Cardholder Name:			Visa Mastercard AmEx - Please circle one		
Card Number:			Expiration Date:		
MUST ACCOMPAN	FORMATION (ACTUAL C NY THIS FORM) DO NOT M				
Bank Name:			Bank Phone:		
Name on Bank Acct:			Check Number:		
Bank Routing Number:			Checking Account Number:		
A CII (Elastman	ia Dakit)				
ACH (Electron	,	ZMIIGE			
ACH (ELECTRONI ACCOMPANY THI	C DEBIT) (VOIDED CHECH S FORM)	K MUS1			
Bank Name:			Bank Phone:		
Name on Bank Acct			•		
Bank Routing Numb	er:				

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: