

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Matt Saxe Chevrolet Buick (3094)

Agreement Number:OP#-00299357 Salesperson: Sarah Nugent Date Created: 8/8/2013

Products

Product	Description		List Price	Sales Price	Sales Tax
VinSticker - 250 Basic pre-printed	Basic Vinstickers window sticker - price per 250	1.0	\$169.00	\$169.00	\$11.62
	Products/One	Time:		\$ 1	169.00
	One Time Shi	oping:			\$0.00
	One Time Sal			9	\$11.62
	Monthly Recu	rring:			\$0.00
	Monthly Recu	rring Sa	ales Tax:		\$0.00
	Total Now Due:		\$1	180.62	
	Total Monthl	y Recui	rring:		\$0.00
*Taxes are subject to state and local regulations and are subject		to change			

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

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

Signature

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^{*}this invoice does not replace or supersede current billing

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.

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ACCOUNT HOLDER INFORMATION			
Account Owners Nan	ne:		VinSolutions Account Number: 3094
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00299357	-	Dollar Amount: \$180.62
			<u> </u>

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: