

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Friendly Chevrolet (6256)

Agreement Number:OP#-00288481 Salesperson: Phil Dixon Date Created: 6/25/2013

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
VinCamera & Software Overnight Shipping	G700 Additional freight charge for overnight delivery.	1.0 1.0	\$799.00 \$40.00	\$759.00 \$40.00	\$60.72

Products/One Time: \$799.00
One Time Shipping: \$0.00
One Time Sales Tax: \$60.72
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$859.72
Total Monthly Recurring: \$0.00

*this invoice does not replace or supersede current billing

 \Box Check By Fax \Box One Time ACH

☐ One Time Credit Card Authorization

Signature

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^{*}Taxes are subject to state and local regulations and are subject to change

^{*}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	RIZATIO	N

ACCOUNT HOLDER II	NFORMATION			
Account Owners Name: Address Line 1: Address Line 2:			VinSolutions Account Number: 6256 Phone Number: Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00288481			Dollar Amount: \$859.72	
CREDIT CARD INFOR Cardholder Name:	MATION		Visa Mastercard AmEx - Please circle one	
	MATION		Vice Meetergard AmEy Places circle one	
CREDIT CARD INFOR Cardholder Name: Card Number:	MATION		Visa Mastercard AmEx - Please circle one Expiration Date:	
Cardholder Name:	MATION		Visa Mastercard AmEx - Please circle one Expiration Date:	
Cardholder Name: Card Number:	MATION			
Cardholder Name: Card Number: Check by Fax		CHECK		
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INFO	RMATION (ACTUAL C			
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INFO MUST ACCOMPANY	RMATION (ACTUAL C			
Cardholder Name:	RMATION (ACTUAL C		Expiration Date:	

ACH (Electronic Debit)

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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: