

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Sid Dillon Buick GMC Cadillac (5181)

Agreement Number: OP#-00301066 Salesperson: Sarah Nugent Date Created: 8/27/2013

Products

Product	Description		List Price	Sales Price	
Data Appending	Recurring appending your customer data.	1.0	\$149.00	\$149.00	
Data Appending onetime fee	Onetime fee to initially append customer data.	1.0	\$149.00	\$149.00	

Products/One Time: \$149.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$149.00
Total Now Due: \$298.00
Total Monthly Recurring: \$149.00

*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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^{*}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	RIZA	TION

ONE TIME	E AUTHORIZA	ATION	
ACCOUNT HOLDE	R INFORMATION		
Account Owners Na	me:		VinSolutions Account Number: 5181
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	‡-00301066		Dollar Amount: \$298.00
Credit Card Pa			
Cardholder Name:	ORMATION		Visa Mastercard AmEx - Please circle one
Carunoidel Name.			visa mastercard Affilia - i lease circle offe

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: