

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Tasca Automotive Group, Seekonk (2671)

Agreement Number:OP#-00284819 Salesperson: Jeremy Bravard Date Created: 6/10/2013

Products

Product	Description		List Price	Sales Price	
Blue Book Used Car Pricing	Used car pricing from Blue Book	1.0	\$129.00	\$99.00	
Blue Book used car pricing onetime fee	Blue Book used car pricing onetime fee	1.0	\$129.00	\$99.00	

Products/One Time: \$99.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$99.00
Total Now Due: \$198.00
Total Monthly Recurring: \$99.00

*this invoice does not replace or supersede current billing

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

Signature

Copyright VinSolutions.







^{*}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	\mathbf{AU}	THO	RIZA	ATION
-----	------	---------------	-----	------	-------

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 2671	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00284819			Dollar Amount: \$198.00	
Credit Card Pa	yment			
CREDIT CARD INFO	ORMATION			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

Check by Fax

Card Number:

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: