

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Stuckey Ford Subaru (5725)

Agreement Number: OP#-00291115 Salesperson: Jason Gorman Date Created: 7/1/2013

D... J... .4..

Products						
Product	Descri	Description		List Price	Sales Price	Sales Tax
VinSticker - REORDER 500 Custo	Reorder custom four color price per 500	Vinstickers window sticker	1.0	\$499.00	\$499.00	\$29.94
		Products/One			\$4	499.00
		One Time Shipping: One Time Sales Tax: Monthly Recurring:			\$0.00 \$29.94 \$0.00	
		Monthly Recu	_	les Tax:		\$0.00
			Total Now Due:			528.94
		Total Monthly Recurring: *Taxes are subject to state and local regulations and are subject to change		ring:	\$0.00	
				t to change		
		*Does not include Dealer-pa	id Travel Exper	ses related to onsi	te training	
this invoice does not replace or s	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	e Credit	Card Aut	horizatio	1
Signature				Da	ite	

Copyright VinSolutions.







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	RIZATION
		/ N N / H H H N	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER	RINFORMATION			
Account Owners Nam	e:		VinSolutions Account Number: 5725	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00291115		Dollar Amount: \$528.94	
Credit Card Pa	vment			
CREDIT CARD INFO	,			
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: