

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Palmetto Ford Truck Sales, Inc (6474)

Agreement Number:OP#-00287089 Salesperson: James Campbell Date Created: 6/21/2013

Products

Product		Description	Qty.	List Price	Sales Price	Sales Tax
VinCamera & Software	G700		1.0	\$799.00	\$799.00	\$55.93

Products/One Time: \$799.00
One Time Shipping: \$0.00
One Time Sales Tax: \$55.93
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$854.93
Total Monthly Recurring: \$0.00

*this invoice does not replace or supersede current billing

 \square Check By Fax \square One Time ACH \square 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

ACKNOWLEDGEMENT

Authorized Name:

Authorized Signature:

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	E AUTHORIZA	ATION			
ACCOUNT HOLDE	R INFORMATION				
Account Owners Name: Address Line 1: Address Line 2:			VinSolutions Account Number: 6474 Phone Number:		
			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00287089			Dollar Amount: \$854.93		
~					
Credit Card Pa					
CREDIT CARD INF	ORMATION				
Cardholder Name:			Visa Mastercard AmEx - Please circle one		
Card Number:			Expiration Date:		
Charle by Fay					
Check by Fax					
	FORMATION (ACTUAL C				
MUST ACCOMPANY THIS FORM) DO NOT MAIL Bank Name:		VII VII	Bank Phone:		
Name on Bank Acct:			Check Number:		
Bank Routing Number:			Checking Account Number:		
			<u> </u>		
ACH (Electron	ic Debit)				
ACH (ELECTRONIC	C DEBIT) (VOIDED CHEC	K MUST			
ACCOMPANY THIS	FORM)				
Bank Name:	Bank Name:		Bank Phone:		
Name on Bank Acct:					
Name on Bank Acct: Bank Routing Numbe	er:				

Title:

Date: