

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

## Friendship Ford Volvo Hyundai (6508)

Agreement Number:OP#-00301063 Salesperson: Brett Slaterbeck Date Created: 8/27/2013

#### **Products** List Sales Sales **Product Description** Qty. **Price Price Tax** Photo Overlay Redesign Fee Onetime fee for photo overlay redesign. 3.0 \$207.00 \$186.30 \$17.23 Products/One Time: \$186.30 One Time Shipping: \$0.00 One Time Sales Tax: \$17.23 Monthly Recurring: \$0.00 Monthly Recurring Sales Tax: \$0.00 **Total Now Due:** \$203.53 \$0.00 **Total Monthly Recurring:** \*Taxes are subject to state and local regulations and are subject to change \*Does not include Dealer-paid Travel Expenses related to onsite training \*this invoice does not replace or supersede current billing ☐ One Time ACH ☐ One Time Credit Card Authorization ☐ Check By Fax Signature Date

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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

ONE TIME	E AUTHORIZA	TION		
ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 6508	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00301063			Dollar Amount: \$203.53	
Credit Card Pa	•			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Card Number:			Expiration Date:	

#### Check by Fax

•	
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:

### **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: