

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

## **Ivory Chevrolet (6784)**

Agreement Number:OP#-00311833

Salesperson: Brett Slaterbeck Date Created: 10/10/2013

## **Products**

Product	Description	Qty.	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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<sup>\*</sup>Taxes are subject to state and local regulations and are subject to change

<sup>\*</sup>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.

ACCOUNT HOLDER	INFORMATION		<u>.                                      </u>		
Account Owners Name:			VinSolutions Account Number: 6784		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-0	0311833		Dollar Amount: \$298.00		
a a					
Credit Card Pay					
CREDIT CARD INFO	RMATION		<u> </u>		
Cardholder Name:			Visa Mastercard AmEx - Please circle one		
Card Number:			Expiration Date:		
Check by Fax			Expiration Bate.		
CHECK BY FAX INFO MUST ACCOMPANY	ORMATION (ACTUAL C THIS FORM) DO NOT N				
CHECK BY FAX INFO MUST ACCOMPANY Bank Name:			Bank Phone:		
CHECK BY FAX INFO MUST ACCOMPANY Bank Name: Name on Bank Acct:	THIS FORM) DO NOT N		Bank Phone: Check Number:		
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CHECK BY FAX INFO MUST ACCOMPANY Bank Name: Name on Bank Acct: Bank Routing Number:	THIS FORM) DO NOT N  Debit)  DEBIT) (VOIDED CHEC	MAIL	Bank Phone: Check Number: Checking Account Number:		

Title:

Date: