

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

## Wilson County Chevrolet Buick GMC (2280)

Agreement Number:OP#-00286069 Salesperson: Jason Gorman Date Created: 6/18/2013

Products						
Product	Descri	Description Qty.		List Price	Sales Price	Sales Tax
Buyers Guide - English 500	English Buyers Guide - prid	ce per 500	1.0	\$149.00	\$149.00	\$13.78
		Products/One Tone Time Ship One Time Sale Monthly Recur Monthly Recur Total Now Du	oping: es Tax: ring: ring Sa e:			\$0.00 \$13.78 \$0.00 \$0.00 \$0.00 <b>162.78</b>
		Total Monthly  *Taxes are subject to state an  *Does not include Dealer-pai	d local regulati	ons and are subject		\$0.00
*this invoice does not replace o	r supersede current billing	Does not motate Detail pair		Tomaca to offsite	g	
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horization	ı
Signature				Da	te	

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

ONE TIME A	UTHORIZA	ATION		
ACCOUNT HOLDER INF	ORMATION			
Account Owners Name:			VinSolutions Account Number: 2280	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00286069			Dollar Amount: \$162.78	
Credit Card Payme	ent			
CREDIT CARD INFORMA	ATION			
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: