

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

## Harnish Buick GMC (4242)

Agreement Number: OP#-00291546 Salesperson: Phil Dixon Date Created: 7/1/2013

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Data Merge	To be used to merge data from one Manother. Please include details in the		1.0	\$999.00	\$999.00	\$93.91
	_	1 . (0 . 5	D.		, do	200.00
		roducts/One			\$9	999.00
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	*1	Ooes not include Dealer-paid	l Travel Expe	nses related to onsite	e training	
*this invoice does not replac	*I	Ooes not include Dealer-paid	l Travel Expe	nses related to onsite	e training	

Copyright VinSolutions.



Signature





☐ One Time Credit Card Authorization

Date

☐ Check By Fax

 $\Box$  One Time ACH

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
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ONE TIME AUTHORIZATION				
ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 4242	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00291546			Dollar Amount: \$1,092.91	
Credit Card Pa				
CREDIT CARD INF	ORMATION		W. M. J. D. D. J. I.	
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: