

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Lynnes Nissan West (5869)

Agreement Number:OP#-00307180 Salesperson: Randell Horn Date Created: 9/19/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
Email Template	Dealer Branded email temp	late from our library.	1.0	\$329.00	\$329.00	
		Products/One 7	Гime:		\$3	329.00
		One Time Ship				\$0.00
		One Time Sale				\$0.00
		Monthly Recur				\$0.00
		Total Now Du			\$3	329.00
		Total Monthly	y Recur	ring:		\$0.00
		*Taxes are subject to state an	d local regulati	ons and are subject	to change	
		*Does not include Dealer-pai	d Travel Exper	ses related to onsit	e training	
*this invoice does not replace or	r supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horization	1
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)RIZAT	LIUN

ACCOUNT HOLDER INFORMATION				
Account Owners Nan	ne:		VinSolutions Account Number: 5869	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00307180		Dollar Amount: \$329.00	

Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

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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: