

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Encinitas Ford (3376)

Agreement Number:OP#-00289941 Salesperson: Sarah Nugent Date Created: 6/27/2013

Products

| Product | Description | | Qty. | List Price | Sales Price | Sales Tax |
|-------------------------------------|---|---------------------------------|----------------|-----------------------|----------------|-------------------|
| VinSticker - REORDER 1000 Custon | Reorder custom four color price per 1000 | Vinstickers window sticker - | 1.0 | \$899.00 | \$899.00 | \$71.93 |
| | | Products/One T | | | \$8 | 399.00 |
| | | One Time Ship | | | | \$0.00 |
| | | One Time Sale | | | 3 | \$71.93 \$0.00 |
| | | Monthly Recur Monthly Recur | _ | lec Tay | | \$0.00 |
| | | Total Now Du | | iics Tax. | \$0 | 970.93 |
| | | Total Monthly | | rring: | Ψ | \$0.00 |
| | | *Taxes are subject to state and | local regulati | ions and are subject | to change | |
| | | *Does not include Dealer-paid | Travel Exper | nses related to onsit | e training | |
| this invoice does not replace or su | persede current billing | | | | | |
| ☐ Check By Fax | ☐ One Time ACH | ☐ One Time | Credit | Card Autl | horizatior | 1 |

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Signature





Date

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 |
|-----|------|-------------------------------|------------------------------------|
| | | / N N / H H H N | / 1 N 1 <i>/ /</i> / N 1 1 N / / · |

| Account Owners Nam | e: | | VinSolutions Account Number: 3376 | |
|----------------------|----------|------|-----------------------------------|--|
| Address Line 1: | | | Phone Number: | |
| Address Line 2: | | | Fax Number: | |
| City: | State: | Zip: | Email: | |
| Opportunity ID: OP#- | 00289941 | | Dollar Amount: \$970.93 | |

| CREDIT CARD INFORMATION | |
|-------------------------|--|
| 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: |