

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Honda of Tiffany Springs (6242)

Agreement Number:OP#-00288885 Salesperson: Sarah Nugent Date Created: 6/26/2013

Product	Descri	Description		List Price	Sales Price	Sales Tax
D C : 1 F 1: 1500		500	1.0	¢1.40.00	¢1.40.00	¢12.62
Buyers Guide - English500	English Buyers Guide - pri	ce per 500	1.0	\$149.00	\$149.00	\$12.63
		Products/One	Time:		\$1	149.00
		One Time Sh	ipping:			\$0.00
		One Time Sa	les Tax:		9	\$12.63
		Monthly Rec	urring:			\$0.00
		Monthly Rec	urring Sa	les Tax:		\$0.00
		Total Now D	ue:		\$ 1	161.63
		Total Month	ly Recui	rring:		\$0.00
		*Taxes are subject to state	and local regulati	ons and are subject	to change	
		*Does not include Dealer-	oaid Travel Exper	nses related to onsit	e training	
*this invoice does not replace o	or supersede current billing					
☐ Check By Fax	☐ One Time ACH	□ One Tim	G 11.	O 1 4 .1	norization	

Copyright VinSolutions.



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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 6242	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00288885		Dollar Amount: \$161.63	
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Credit Card Payment

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: