

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Klick Lewis Family of Dealerships (3945)

Agreement Number:OP#-00317110 Salesperson: Jason Gorman Date Created: 10/16/2013

Product	Description		Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 500 Custo	m	Vinstickers window sticker -	1.0	\$499.00	\$499.00	\$29.94
	price per 500					
		Products/One T			\$4	199.00
		One Time Ship				\$0.00
		One Time Sales Tax:		9	\$29.94	
		Monthly Recurring:			\$0.00	
		Monthly Recur		lles Tax:	Φı	\$0.00
		Total Now Due Total Monthly		ring:) :	528.94 \$0.00
		*Taxes are subject to state and	local regulati	ons and are subject	to change	
		*Does not include Dealer-paid	Travel Exper	nses related to onsit	e training	
this invoice does not replace or s	upersede current billing					

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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	RIZATIO	N

ACCOUNT HOLDE	R INFORMATION			
Account Owners Name: Address Line 1: Address Line 2:			VinSolutions Account Number: 3945 Phone Number: Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00317110			Dollar Amount: \$528.94	
Credit Card Packer CREDIT CARD INF			Visa Mastercard AmEx - Please circle one	
Cituit Caru i a	ayment			
CREDIT CARD INF Cardholder Name:				
CREDIT CARD INF Cardholder Name: Card Number:			Visa Mastercard AmEx - Please circle one Expiration Date:	
CREDIT CARD INF Cardholder Name: Card Number: Check by Fax	FORMATION	NAME (NA		
CREDIT CARD INF Cardholder Name: Card Number: Check by Fax CHECK BY FAX IN	FORMATION IFORMATION (ACTUAL C			
CREDIT CARD INF Cardholder Name: Card Number: Check by Fax CHECK BY FAX IN MUST ACCOMPAN	FORMATION			
CREDIT CARD INF Cardholder Name: Card Number: Check by Fax CHECK BY FAX IN	FORMATION IFORMATION (ACTUAL C IY THIS FORM) DO NOT N		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: