

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Carter of Manchester Chevrolet Mazda (5542)

Agreement Number:OP#-00289931 Salesperson: Jeremy Bravard Date Created: 6/27/2013

Products						
Product	Descri			List Price	Sales Price	
Website - Design Upgrade	Change web site to differen	at look and feel.	1.0	\$799.00	\$799.00	
		Products/O One Time S One Time S Monthly Re Total Now Total Mon	Shipping: Sales Tax: ecurring: Due: thly Recur	ons and are subject	\$7	799.00 \$0.00 \$0.00 \$0.00 799.00 \$0.00
*this invoice does not replace or	supersede current billing	*Does not include Dea	ner-paid Traver Exper	ises related to offsh	e training	
☐ Check By Fax	☐ One Time ACH	☐ One Ti	ime Credit	Card Aut	horizatior	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.

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ACCOUNT HOLDE	ER INFORMATION			
Account Owners Name:			VinSolutions Account Number: 5542	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00289931			Dollar Amount: \$799.00	
Opportunity ID: OP	#-00289931		Dollar Amount: \$799.00	
Opportunity ID: OP: Credit Card P CREDIT CARD IN	ayment			
Credit Card P	ayment		Dollar Amount: \$799.00 Visa Mastercard AmEx - Please circle one	

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)

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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: