

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Oxmoor Hyundai (6488)

Agreement Number:OP#-00300040 Salesperson: Matt Griffis Date Created: 8/19/2013

Products

Product	Descrip	ption	Qty.	List Price	Sales Price	Sales Tax
VinSticker - REORDER 500 Cus	Reorder custom four color V price per 500	Vinstickers window sticker -	1.0	\$499.00	\$499.00	\$29.94
		Products/One T			\$4	199.00
		One Time Ship				\$0.00
		One Time Sales				\$29.94
		Monthly Recur	_	las Town		\$0.00 \$0.00
		Monthly Recur Total Now Du		nes rax.	42	528.94
		Total Monthly	~ ~	rring:	φ.	\$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 onsi	e training	
this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	C 1''	C1 A41		

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.

ONE	TIME	AUTHO	RIZA	TION

Account Owners Nam	ne:		VinSolutions Account Number: 6488
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00300040		Dollar Amount: \$528.94

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: