

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

# **Dralle Chevrolet Buick of Peotone (3965)**

Agreement Number:OP#-00309589 Salesperson: Matt Griffis Date Created: 9/27/2013

Description	Qty.	List Price	Sales Price	Sales Tax
Reorder custom four color Vinstickers window sticker price per 500	1.0	\$499.00	\$499.00	\$34.93
Products/One T	ime:		\$4	199.00
One Time Ship	ping:			\$0.00
One Time Sale	s Tax:		\$	534.93
Monthly Recur	ring:			\$0.00
Monthly Recur	ring Sa	les Tax:		\$0.00
Total Now Du	<b>Total Now Due:</b>		\$533.93	
<b>Total Monthly</b>	<b>D</b>	•		\$0.00
	Reorder custom four color Vinstickers window sticker - price per 500  Products/One T  One Time Ship  One Time Sales  Monthly Recur	Reorder custom four color Vinstickers window sticker - 1.0  Products/One Time: One Time Shipping: One Time Sales Tax: Monthly Recurring: Monthly Recurring Sa	Reorder custom four color Vinstickers window sticker - 1.0 \$499.00 price per 500  Products/One Time: One Time Shipping: One Time Sales Tax: Monthly Recurring: Monthly Recurring Sales Tax:	Reorder custom four color Vinstickers window sticker - 1.0 \$499.00 \$499.00  Products/One Time: \$400.00 \$499.00

Copyright VinSolutions.



Signature

☐ Check By Fax





\*this invoice does not replace or supersede current billing

 $\square$  One Time ACH

☐ One Time Credit Card Authorization

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	AIIT	HOF.	RIZA	TION
	<b>I</b> IIVIIV				1 1 1 7 1 7

ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 3965	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	00309589		Dollar Amount: \$533.93	

## **Credit Card Payment**

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

### Check by Fax

v	
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: