

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Purchase Agreement Summary For

# Marino Chrysler Jeep Dodge (6573)

Agreement Number:OP#-00303871 Salesperson: Soren Blair Date Created: 9/6/2013

Products						
Product	Descri	ption	Qty.	List Price	Sales Price	
			1.0	Ф000 00		
Drivers License Scanner	Automatically uploads custo	omer's information	1.0	\$999.00		
		Products/One Tone Time Ship One Time Sale Monthly Recur Total Now Du Total Monthly	pping: s Tax: ring: e:	rring:		\$0.00 \$0.00 \$0.00 \$0.00 <b>\$0.00</b> <b>\$0.00</b>
		*Taxes are subject to state and	l local regulati	ions and are subject	to change	
		*Does not include Dealer-paid	l Travel Exper	nses related to onsit	e training	
*this invoice does not replace or	supersede current billing					
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	norization	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 HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 6573	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00303871			Dollar Amount: \$0.00	

### **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: