

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

Purchase Agreement Summary For

## The Smith Group (4050)

Agreement Number:OP#-00289366 Salesperson: Phil Dixon Date Created: 6/26/2013

| Products                          |                             |                           |                       |                      |                |        |
|-----------------------------------|-----------------------------|---------------------------|-----------------------|----------------------|----------------|--------|
| Product                           | Descri                      | ption                     | Qty.                  | List<br>Price        | Sales<br>Price |        |
|                                   |                             |                           |                       |                      |                |        |
| VinCamera & Software              | G700                        |                           | 1.0                   | \$799.00             | \$749.00       |        |
|                                   |                             |                           |                       |                      |                |        |
|                                   |                             | Products/One Time:        |                       |                      | \$749.00       |        |
|                                   |                             | One Time Sl               |                       |                      |                | \$0.00 |
|                                   |                             | One Time Sales Tax:       |                       |                      | \$0.00         |        |
|                                   |                             | Monthly Red               |                       |                      | <b>.</b>       | \$0.00 |
|                                   |                             | Total Now 1               |                       |                      | \$7            | 749.00 |
|                                   |                             | <b>Total Mont</b>         | hly Recui             | rring:               |                | \$0.00 |
|                                   |                             | *Taxes are subject to sta | te and local regulati | ons and are subject  | t to change    |        |
|                                   |                             | *Does not include Deale   | r-paid Travel Exper   | nses related to onsi | te training    |        |
| *this invoice does not replace or | r supersede current billing |                           |                       |                      |                |        |
| ☐ Check By Fax                    | ☐ One Time ACH              | ☐ One Tir                 | ne Credit             | Card Aut             | horization     | 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.

| ONE | TIME | AUTHO                         | RIZATION                           |
|-----|------|-------------------------------|------------------------------------|
|     |      | / <b>N N</b> / <b>H H H N</b> | / 1 N 1 <i>/ /</i> / N 1 1 N / / · |

| ONE TIME AUTHORIZATION |               |      |  |
|------------------------|---------------|------|--|
| ACCOUNT HOLDER         | R INFORMATION |      |  |
| Account Owners Nan     | ne:           |      | VinSolutions Account Number: 4050        |
| Address Line 1:        |               |      | Phone Number:                            |
| Address Line 2:        |               |      | Fax Number:                              |
| City:                  | State:        | Zip: | Email:                                   |
| Opportunity ID: OP#-   | -00289366     |      | Dollar Amount: \$749.00                  |
|                        | 4             |      |  |
| Credit Card Pa         | yment         |      |  |
| CREDIT CARD INFO       | ORMATION      |      |  |
| Cardholder Name:       |               |      | Visa Mastercard AmEx - Please circle one |

## Check by Fax

Card Number:

| 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: |  |

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:  |