

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Overland Park Mazda (4858)

Agreement Number:OP#-00297394 Salesperson: Sarah Nugent Date Created: 7/25/2013

Products

Product			List Price	Sales Price	Sales Tax
Buyers Guide - English1000	English Buyers Guide - price per 1000	1.0	\$279.00	\$279.00	\$23.72
	Products/One	Time:		\$2	279.00
	One Time Ship	ping:			\$0.00
	One Time Sale	es Tax:		\$	\$23.72
	Monthly Recu	rring:			\$0.00
	Monthly Recu	_	ales Tax:		\$0.00
	Total Now Du			\$3	302.72
	Total Monthl	y Recu	rring:		\$0.00

^{*}Taxes are subject to state and local regulations and are subject to change

*this invoice does not replace or supersede current billing

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

Signature

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^{*}Does not include Dealer-paid Travel Expenses related to onsite training

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
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ACCOUNT HOLDE	R INFORMATION		
Account Owners Nar	ne:		VinSolutions Account Number: 4858
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00297394			Dollar Amount: \$302.72
Credit Card Pa			
			Visa Mastercard AmEx - Please circle one

Check by Fax

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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: