

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Gastonia Nissan (5927)

Agreement Number: OP#-00302417 Salesperson: Matt Griffis Date Created: 9/6/2013

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
VinSticker - 250 Basic pre-printed	Basic Vinstickers window sticker - price per 250		\$169.00	\$169.00	\$11.41
	Products/One 7			\$1	169.00 \$0.00

One Time Shipping: \$0.00
One Time Sales Tax: \$11.41
Monthly Recurring: \$0.00
Monthly Recurring Sales Tax: \$0.00
Total Now Due: \$180.41
Total Monthly Recurring: \$0.00

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

^{*}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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ONE TIME AUTHORIZATION			
ACCOUNT HOLDER I	NFORMATION		
Account Owners Name	:		VinSolutions Account Number: 5927
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	0302417		Dollar Amount: \$180.41
Credit Card Pay			
Cardholder Name:	WATION		Visa Mastercard AmEx - Please circle one
Cardiforder Ivallic.			v isa iviastereara / iiii

Check by Fax

Card Number:

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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:		

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: