• New product

Set Ocal Simple and Sustainands

Christie Printing Service

P.O. Box 3057 | Cheyenne, WY 82003-3057

Phone: 630.464.9391 | email: CPrint@ChristiePrinting.com

Complete: 9-5-2019Billed: 8-13-2019Entered: 8-13-2019Delivered: 8-13-2019# 5 79186

FOR USE BY CHRISTIE PRINTING

TO: Ennis CO -- CRAIG 8075 East 40th Ave Denver, CO 80207

INVOICE TO: Christie Printing Services 5711 Osage Ave., Suite C Cheyenne, WY 82009

SHIP TO: Christie Printing Services 5711 Osage Ave., Suite C Cheyenne, WY 82009

Received:

			Purchase Ord	er No. 8736
ORDER DATE 7-30-2019	NEED BY	SHIP VIA Email CDuke@ChristieTechnology.com and we might pick them up in Denver. Otherwise, cheapest way	F.O.B.	
Terms	Quote <u>3830315</u> approved 7-19-2019	(which may not be the fastest way) and add to our invoice.	For Resale No	For Use Yes
ORDERED QUA	UNIT	PLEASE SUPPLY THE ITEMS LISTED BELOW	UNIT	PRICE
2,000 (40 books) exactly	Sets	Provide a proof for approval prior to printing. Approved 3-part Equipment Rental forms/books Overall size: 5-1/2" x 9" After removed from book size: 5-1/2" x 8-1/2" Chem Cbls papers (White CB, Yellow cfb, Pink cf) Start numbering 19001, in RED Ink, including logo, in black Each part the same All 3 parts perforated for removal from book Wrapper binding 50 sets per book Refer to DRAFT below and the original form mailed to Craig @ Ennis on July 19 & 25 2019. This is a new product for this customer so no historic order information is available.	See envelo for exam Report for Form have b	\$358.89 \$? Ship est.
Acknowledge if unab	le to deliver by date requ	IMPURIANI	BY:	
			Cynthia	I Juke

COST	PRICE
\$358.89	Deliver to Katy.
\$ 40.00 freight	Pick up and example Window envelope from Katy.
\$398.89	\$448.61
48800747 8-9-2019	\$ 40.00 freight
Invoice #: 4 3839333CM dated: 8-30-2019	\$488.61
Paid ck #: 6269 dated: 8-26-700	\$ 26.92 6% Sales Tax
REORDER INQUIRY: Jan 1 2020	\$515.53
	Paid: \$30-2019 Ck#: 23699
	9-2-2019

7012022 Sample



AZTEC CONSTRUCTION CO. INC.

1215 E. Fox Farm Road, Suite A Cheyenne, WY 82007

EQUIPMENT RENTAL

WORK ORDER Nº18886

(307) 637-6171

Charge To:			Date:					
			Location or Job#					
ty:								
Equip. No.	Description of Equipment	Equip. Hours	Unit Cost	Cost				
		-						
		1						
			-					
-				*				
	Total							
ure of Work: _								
lain any differe	nce in Equip. Time or Operator							
e:								
	Ohaal	- 1 0						
	Check OK'd b							