

Peak Wellness Center Apr 6 2017 5,000 Appt Cards 2526 Seymour
1jn8170 11-4-2016 5,000 c13300+f000 s21378+f000 Modern I=22699 11-9-2016

8271
EXEMPT

FOR USE BY CHRISTIE PRINTING

Complete: 5-4-2017
Billed: 4-13-2017
Entered A/R & Ledger: 4-13-2017
Delivered: 4-13-2017 # 578882
Received: 4-12-2017

Christie Printing Service
P.O. Box 3057 | Cheyenne, WY 82003-3057

Phone: 630.464.9391 | email : CPrint@ChristiePrinting.com

Purchase Order No. **8271**

TO: Pepperdine's ATTN: Ron Boland 709 Umatilla St. Denver, CO 80204		INVOICE TO: Christie Printing 1603 Capitol Ave. Suite 413 Cheyenne, WY 82001		DELIVER TO: Christie Printing 1603 Capitol Ave, #413 Cheyenne, WY 82001	
ORDER DATE 4-10-2017	DATE REQUIRED	SHIP VIA Cheapest way, add to our invoice. When possible ship with other orders to save on freight.		F.O.B.	
Terms	Quote 7146 approved 12-22-2016			For Resale Yes	For Use
QUANTITY		PLEASE SUPPLY ITEMS LISTED BELOW		UNIT	PRICE
ORDERED	UNIT				
5,000	each	Provide PROOF for approval prior to printing. Approved 4-10-2017 Appointment Cards • For 2526 Seymour, Cheyenne WY • Finished size: 3.5" x 2.0" • 100# White Cougar Cover • Color, CMYK, flat, Font Colors and Font style/size per example that we mailed to you. • See logo that we emailed to you. • See pdf file attached to email. New card so no previous information.			\$120.50 + freight
IMPORTANT Our Purchase Order Number MUST appear on invoices from you to us, packages & correspondence. Acknowledge if unable to deliver by date required .				BY: <u>Cynthia L. Duke</u>	
COST \$120.50 \$ 12.75 freight \$132.25 I= <u>1951589</u> Date: <u>4-11-2017</u> Paid ck #: <u>5-10-2017</u> Date: <u>5751</u> Cynthia Notes: Reorder Inquiry 4-1-2018		PRICE *** Exempt *** Deliver cards to 2526 Seymour Deliver Invoice to: Janet Justice @ 510 W 29 th Take example card to show Janet \$213.78 \$ 0.00 freight \$213.78 EXEMPT \$213.78 Paid <u>5-4-2017</u> Ck# <u>62638</u>			

1 - 5,000
5 Boxes of 1000



Laramie County Center
2526 Seymour Avenue
Cheyenne, WY 82001



307.634.9653

Your Appointments

On: _____ At: _____ | On: _____ At: _____

With: _____ | With: _____

Please call one day in advance if unable to keep your
appointment in order to avoid a charge for a missed appointment.