→R 8328
6-17-2017

Christie Printing Service
P.O. Box 3057 | Cheyenne, WY 82003-3057
Phone: 630.464.9391 | email : CPrint@ChristiePrinting.com

FOR USE BY CHRISTIE PRINTING	
Complete:	4-27-2017
Billed:	3-23-2017
Entered:	3-23-2017
Delivered:	3-23-2017 # 578875
Received:	3-22-2017

TO:	INVOICE TO:	SHIP TO:
Pepperdines – **RON BOLAND** 790 Umatilla St. Denver, CO 80204	Christie Printing Services 1603 Capitol Ave, Suite 413 Cheyenne, WY 82001	Christie Printing Services 1603 Capitol Ave, Suite 413 Cheyenne, WY 82001

Purchase Order No. 8256

ORDER DATE **Mar 14, 2017**	REQUIRED DATE	SHIP VIA Cheapest way; Prepaid and add to our invoice. Email CPrint@ChristiePrinting.com when order ships. Please include 2 sample forms with our invoice.	F.O.B.	
Terms	Quote No. 8035 Approved 3-14-2017		For Resale Yes	For Use
QUANTITY		**PLEASE QUOTE FOR ITEMS LISTED BELOW**		
Quoted	UNIT		UNIT	PRICE
1,000 exactly	Each	Customer's Statement form (our PO8256) • 8-1/2" x 15-1/2" (if that matches your records) • Print on one side • Black ink • 20 lb. #4 Sulphite white • Pad at top • 100 sheets per pad • Shrink wrap in packages of 10 pads. If pads are not shrink wrapped we will deduct $60 from our payment. **Except for reduced quantity, this is an exact reorder of our PO7876 dated 1-26-2015. Pepperdine's Invoice #1886957 dated 2-3-2015.**	Quote 8035 127.60+Freight Approved 3-14-2017	
			BY: *Cynthia L Drake*	

COST

$127.60
$ 15.00 Freight
$142.60

I= 1940147   dated: 3-20-2017
Paid date: 4-18-2017   Ck#: 5743
Notes for Cynthia: **REORDER Inquiry 12-1-2017**

PRICE

On invoice refer to Tyrrell PO # Customer Statement March 2017
Deliver to Lisa
$165.88
$ 15.00 Freight
$180.88
$ 9.95 6% tax
$190.83

Paid date: 4-26-2017 Ck#: 38929

2 @ 500 sheets

CUSTOMER'S STATEMENT—PLEASE PRINT   APPLICATION NUMBER

Check Appropriate Box

☐ Individual credit—applying for credit in your own name and relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested (Complete Section A).

☐ Joint Credit—applying for joint credit with another person (Complete Sections A and B). Relationship to joint applicant or other party, if any _____

☐ Individual Credit—applying for credit in your own name but relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested (Complete Sections A and B).

A. INFORMATION ABOUT APPLICANT

PRINT FULL NAME	FIRST	MIDDLE	LAST	Sr. Jr.	SOC. SEC. NO./TIN	DATE OF BIRTH MO. DAY YR.	HOME PHONE NO.

PRESENT ADDRESS	NUMBER AND STREET	CITY	COUNTY	STATE	ZIP CODE	LIVED THERE YEARS MONTHS

RENT BY MO. ☐
LEASE ☐
OWN ☐   LANDLORD OR MORTGAGE HOLDER NAME   MO. PYMT. OR RENT $

PREVIOUS HOME ADDRESS	NUMBER AND STREET	CITY	COUNTY	STATE	ZIP CODE	LIVED THERE YEARS MONTHS

EMPLOYED BY
SELF ☐
OTHERS ☐   NAME   BUSINESS ADDRESS, NUMBER AND STREET   CITY   STATE   HOW LONG YEARS MONTHS   BUS. PHONE NO.

TRADE OR OCCUPATION   SALARY OR WAGES $ NAME OF PREVIOUS EMPLOYER   ADDRESS   NO. YRS.

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

TYPE OF OTHER INCOME   SOURCE   MONTHLY AMOUNT $

NAME AND ADDRESS OF PARENTS OR NEAREST RELATIVE NOT LIVING WITH ME   NAME   ADDRESS   PHONE NO.   RELATIONSHIP

NAME AND ADDRESS OF PERSONAL FRIEND   NAME   ADDRESS   PHONE NO.   KNOWN HOW LONG?

BANK ACCOUNT   NAME OF BANK   BRANCH NAME AND CITY   CHECKING ☐ SAVINGS ☐ NO ACCOUNT ☐   CHECKING ACCOUNT NO.

LAST CAR FINANCED   NAME OF CREDITOR   BALANCE DUE OR DATE PAID   TRADING IN THIS CAR? ☐ YES ☐ NO

CREDIT REFERENCES OR INSTALMENT OBLIGATIONS   INCLUDE FINANCE COMPANIES, BANKS, CREDIT CARDS, CHARGE ACCOUNTS... INCLUDE NAME(S) OF APPLICANT IN WHICH CREDIT CAN BE VERIFIED, IF OTHER THAN SHOWN ABOVE.

NAME OF CREDITOR	ADDRESS	ACCOUNT NO.

THE CAR WILL BE REGISTERED IN NAME OF   NUMBER AND STREET   CITY   STATE   OPERATOR'S LICENSE NO.

C/L TYPE	NEW ☐ USED ☐ AUCTION ☐	YEAR #CYL.		MAKE

MODEL #   DESCRIPTION   MILEAGE

VIN   SALESPERSON

1 – W/O AIR CONDITIONING ☐   2 – SUNROOF ☐   3 – STEREO ☐
4 – CRUISE ☐   5 – POWER WINDOWS ☐   6 – POWER SEATS ☐
7 – FOUR WHEEL DRIVE ☐   8 – MANUAL TRANS. ☐   9 – ALUM./WIRE WHEELS ☐
OTHER (DESCRIBE)

TRADE-IN   YEAR   MAKE   DESCRIPTION

TERM OF CONTRACT   DEALER   DEALER NO.
MOS.

CASH PRICE (LINE 1 OF CONTRACT) .... $_____
LESS: NET TRADE .... $_____
    CASH .... $_____
REBATES (DESCRIBE)_____ $_____
OTHER (DESCRIBE)_____ $_____
TOTAL DOWNPAYMENT .... $_____
UNPAID BALANCE .... $_____
PLUS INSURANCE CHARGES .... $_____
OTHER CHARGES .... $_____
TOTAL AMOUNT FINANCED .... $_____
(MSRP $_____)
SPECIAL PROGRAM (E.G. FIRST TIME BUYER, COLLEGE GRAD., ETC.)

B. INFORMATION ABOUT JOINT APPLICANT OR OTHER PARTY

PRINT FULL NAME	FIRST	MIDDLE	LAST	Sr. Jr.	SOC. SEC. NO./TIN	DATE OF BIRTH MO. DAY YR.	HOME PHONE NO.

PRESENT ADDRESS	NUMBER AND STREET	CITY	COUNTY	STATE	ZIP CODE	LIVED THERE YEARS MONTHS

RENT BY MO. ☐
LEASE ☐
OWN ☐   LANDLORD OR MORTGAGE HOLDER NAME   MO. PYMT. OR RENT $

PREVIOUS HOME ADDRESS	NUMBER AND STREET	CITY	COUNTY	STATE	ZIP CODE	LIVED THERE YEARS MONTHS

EMPLOYED BY
SELF ☐
OTHERS ☐   NAME   BUSINESS ADDRESS, NUMBER AND STREET   CITY   STATE   HOW LONG YEARS MONTHS   BUS. PHONE NO.

TRADE OR OCCUPATION   SALARY OR WAGES $ NAME OF PREVIOUS EMPLOYER   ADDRESS   NO. YRS.

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

TYPE OF OTHER INCOME   SOURCE   MONTHLY AMOUNT $

BANK ACCOUNT   NAME OF BANK   BRANCH NAME AND CITY   CHECKING ☐ SAVINGS ☐ NO ACCOUNT ☐   CHECKING ACCOUNT NO.

LAST CAR FINANCED   NAME OF CREDITOR   BALANCE DUE OR DATE PAID   TRADING IN THIS CAR? ☐ YES ☐ NO

CREDIT REFERENCES OR INSTALMENT OBLIGATIONS   INCLUDE FINANCE COMPANIES, BANKS, CREDIT CARDS, CHARGE ACCOUNTS... INCLUDE NAME(S) OF APPLICANT IN WHICH CREDIT CAN BE VERIFIED, IF OTHER THAN SHOWN ABOVE.

NAME OF CREDITOR	ADDRESS	ACCOUNT NO.

Automobile insurance is required for the full term of the Contract, at your expense, against the hazards of fire, theft and accidental physical damage (including collision). This insurance must protect the interests of you. The policies issued by the insurance company will describe the terms and conditions. **YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.**

FAIR CREDIT REPORTING ACT DISCLOSURE

This application for credit sale will be submitted to _____ for purchase or consideration as to whether it meets purchase requirements.

I certify that the above information is complete and accurate. I authorize an investigation of my credit and employment history and the release of information about my credit experience with _____

MONTHLY PAYMENT DATE DESIRED BY CUSTOMER: APPLICANT SIGNS_____

JOINT APPLICANT OR OTHER PARTY SIGNS_____

☐ INDIVIDUAL   (CHECK WHICH APPLIES)
☐ PARTNERSHIP
☐ CORPORATION   DATE