

Tyrrell-Doyle Auto Centers Dec 15 2017 1,000 Customer's Statement
1jn8328 6-17-2017 5000 c12760+f1245 s16588+f1500 PMP I=1946245 6-27-2017

8464

FOR USE BY CHRISTIE PRINTING

Complete: 2-1-2018
Billed: 12-27-2017
Entered: 12-27-2017
Delivered: 12-27-2017 # 578989
Received: 12-26-2017

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



TO:
Pepperdines - RON BOLAND
790 Umatilla St.
Denver, CO 80204

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

Purchase Order No. 8464

ORDER DATE	REQUIRED DATE	SHIP VIA	F.O.B.	
Dec 19, 2017		Cheapest way; Prepaid and add to our invoice.		
Terms	Quote No. 8035 Approved 3-14-2017	Email CPrint@ChristiePrinting.com when order ships. Please include 2 sample forms with our invoice.	For Resale Yes	For Use
QUANTITY		PLEASE QUOTE FOR ITEMS LISTED BELOW	UNIT	PRICE
Quoted	UNIT			
1,000 exactly	Each	Customer's Statement form (our PO8464) <ul style="list-style-type: none">8-1/2" x 15-1/2" (if that matches your records)Print on one sideBlack ink20 lb. #4 Sulphite whitePad at top100 sheets per padShrink wrap in packages of 10 pads. If pads are not shrink wrapped we will deduct \$60 from our payment. <p>This is an exact reorder of our previous PO8328 dated 6-17-2017 and Pepperdine's previous Invoice #1946245 dated 6-27-2017.</p>	We assume Quote 8035 for 127.60+Freight is still correct	
			BY: <u>Cynthia L. Duke</u>	

COST

\$127.60
\$ 15.00 Freight
\$142.60

I= 1957198 dated: 12-26-17
Paid date: 12-29-17 Ck#: 5673
Notes for Cynthia: REORDER Inquiry 6-15-2018

PRICE

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

Paid date: 1-30-2018 Ck#: 43022

CUSTOMER'S STATEMENT—PLEASE PRINT

APPLICATION NUMBER

- ☐ 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).

Check Appropriate Box

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 <input type="checkbox"/> 2—SUNROOF <input type="checkbox"/> 3—STEREO <input type="checkbox"/> 4—CRUISE <input type="checkbox"/> 5—POWER WINDOWS <input type="checkbox"/> 6—POWER SEATS <input type="checkbox"/> 7—FOUR WHEEL DRIVE <input type="checkbox"/> 8—MANUAL TRANS. <input type="checkbox"/> 9—ALUM./WIRE WHEELS <input type="checkbox"/> OTHER (DESCRIBE):			
TRADE-IN	YEAR	MAKE	DESCRIPTION
TERM OF CONTRACT MOS.	DEALER	DEALER NO.	

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.)	

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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.	

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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