

Tyrrell Apr 3 2019 500 4-part We Owe form 65D-1
1jn8642 1-3-2019 600 c34090+f4631 s42613+f4500 Eagle I=90922 1-10-2019

8677

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: 5-30-2019
Billed: 4-18-2018
Entered: 4-18-2018
Delivered: 4-18-2018 # 579141
Received: 4-16-2019

TO:
Eagle Business Forms – **BRUCE HELMAN**
P.O. Box 30255
Billings, MT 59107

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. **8677**

| ORDER DATE 4-3-2019 | | SHIP VIA Cheapest way; Prepaid and add to our invoice. | F.O.B. | |
|---|---------------------------------------|--|---------------------------|--|
| Terms | QUOTE 1527 email approved 4-3-2019 | | For Resale Yes | For Use |
| QUANTITY | | PLEASE QUOTE ITEMS LISTED BELOW | UNIT | PRICE |
| QUOTE | UNIT | | | |
| 500 exactly | sets | 4-part We Owe 65D-1 forms <ul style="list-style-type: none">• Top stub snaps• Detached size: 8-1/2 x 7. Overall: 8-1/2 x 7-3/4• All parts in BLACK ink on 15 lb. Register Bond• Four parts: White, Canary, Pink & Goldenrod• Use carbonless paper• Shrink wrap 50 forms per package <p>Except for the reduced quantity, this is an exact reorder of Eagle's previous Invoice 90922 dated 1-10-2019 and Christie Printing's previous PO8642 dated 1-3-2019.</p> | | \$334.87 \$ 46.31 freight \$381.18 |
| IMPORTANT Acknowledge if unable to deliver by date required. Please refer to our PO8677 on all correspondence, including the Invoice. | | | BY: <u>Cynthia L Duke</u> | |

COST
\$334.87
\$ 46.31 Freight
\$381.18

I= 91451 dated: 4-8-2019
Paid date: 5-2-2019 Ck#: 5981

Note for Cynthia: Reorder inquiry 7/15/2019

PRICE
On Invoice refer to Tyrrell's PO 33112
Deliver to Cathy Thelen

\$358.37
\$ 45.00 Freight
\$403.37
\$ 21.50 6% tax
\$424.87

Paid date: 5-28-2019 Check #: 50247



2142 Lincolnway
Cheyenne, WY 82001
634-2540

we owe

R.O. # _____

| | | | |
|----------|-------|------------|-------|
| Name | Stk # | New | Used |
| Address | Year | Make | |
| City | State | Zip | Model |
| Phone | | Serial No. | |
| Salesman | | Del. Date | |

| QTY. | NAME OF ITEM |
|------|--------------|
| | |
| | |
| | |
| | |

I hereby accept this WE-OWE with the understanding that it is valid for only (30) THIRTY DAYS FROM DATE OF ISSUANCE, and that I must make an ADVANCE APPOINTMENT WITH THE SERVICE DEPARTMENT before the above work can be performed.
(FOR APPOINTMENT CALL SERVICE DEPT.)

Sales Mgr.

Service Mgr.

Parts

Date

Customer _____

