Tyrrell-Doyle Auto Centers Aug 16 2019 500 Customer's Statement **8763**

1jn8686 4-24-2019 500 c9800+f1226 s12250+f1500 PMP I=1984688 5-2-2019

R 8822
11-25-2020

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: 10-17-2019
Billed: 8-27-2019
Entered: 8-27-2019
Delivered: 8-27-2019 # 579190
Received: 8-23-2019

TO:	INVOICE TO:	SHIP TO:
Pepperdines – **RON BOLAND** 790 Umatilla St. Denver, CO 80204	Christie Printing Services 5711 Osage Ave., Suite C Cheyenne, WY 82009	Christie Printing Services 5711 Osage Ave., Suite C Cheyenne, WY 82009

Purchase Order No. 8763

ORDER DATE	REQUIRED DATE	SHIP VIA	F.O.B.	
Aug 17 2019		Cheapest way (even if it's through USPS); Prepaid and add to our invoice. Email CPrint@ChristiePrinting.com when order ships. Please include 2 sample forms with our invoice.		
Terms	Quote 16676 approved 4-25-2019		For Resale Yes	For Use

QUANTITY Quoted	UNIT	PLEASE QUOTE FOR ITEMS LISTED BELOW	UNIT	PRICE
500 sheets (5 pads) exactly	sheets	Customer's Statement form • 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 5 pads. If pads are not shrink wrapped we will deduct $60 from our payment. This is an exact reorder of our previous PO8686 dated 4-24-2019 and Pepperdines' previous Invoice 1984688 dated 5-2-2019.	sheets	$98.00 $12.26 ship est
			BY: Cynthia L Duke	

COST
$ 98.00
$ 16.00 Freight
$114.00

I= 1990121 dated: 8-22-2019
Paid date: 9-17-2019 Ck#: 6278
Notes for Cynthia: **REORDER Inquiry 12-16-2019**

PRICE
On invoice refer to Tyrrell PO 34424
Deliver to Cathy

$122.50
$ 15.00 Freight
$137.50
$ 7.35 6% tax
$144.85

Paid date: 9-20-2019 Ck#: 51709

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 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.)
_____

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 _____

☐ INDIVIDUAL (CHECK WHICH APPLIES)
☐ PARTNERSHIP
☐ CORPORATION

MONTHLY PAYMENT DATE DESIRED BY CUSTOMER:

APPLICANT SIGNS_____ DATE

JOINT APPLICANT OR OTHER PARTY SIGNS_____ DATE