

Tyrrell Auto Centers June 12 2020 Used Car/Truck Appraisal 1000 (750+250 from storage)
1jn8853 2-4-2020 1000 c29590+f1244 s34916+f2000 PMP I=1998715 2-24-2020

8901

FOR USE BY CHRISTIE PRINTING

Complete: 8-25-2020
Billed: 7/2/2020
Entered: 7/2/2020
Delivered: 7/2/2020 579280
Received: 7/1/2020



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

Phone: 630.464.9391 | email: CPrint@ChristiePrinting.com

Purchase Order No. 8901

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
--	--	---

ORDER DATE	REQUIRED DATE	SHIP VIA	F.O.B.	
June 12 2020		Cheapest way; Prepaid and add to our invoice. Email CPrint@ChristiePrinting.com when order ships. Please include 2 sample forms with our invoice.	For Resale Yes	For Use
Terms	Quote 19736 approved 15Jun2020			
QUANTITY		PLEASE QUOTE FOR ITEMS LISTED BELOW	UNIT	
Quoted	UNIT		PRICE	
750 exactly	Each	2-part snap Used Car/Truck Appraisal form <ul style="list-style-type: none"> Snap stub at left Perforations: <ul style="list-style-type: none"> Stub perforation approx. 1/2" from left Approx. 5 1/4" from left (only top Page needs to be perf'd here) Carbonless papers <ul style="list-style-type: none"> 1st part canary 2nd part tag Black ink All sheets the same Overall size: 9-5/8" x 5-2/3" Refer to copy below & the original form we mailed to you Please include 2 sample forms with our invoice. Shrink wrap in packages of 250. <p>Except for the slight quantity decrease, this is an exact reorder of PMP's previous Invoice 1998715 dated 2-24-2020 and Christie Printing's previous PO8853 dated 2-4-2020.</p>		750 forms \$245.10 \$12.26 ship est.
Deliver 1000 750 this order + 250 from storage				
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	
\$246.10	Deliver 1,000
\$ 17.60 Freight	750 this order
\$263.70	250 from storage
I= <u>2001775</u>	dated: <u>6-30-2020</u>
Paid date: <u>7-29-2020</u>	Ck#: <u>6043</u>
Notes for Cynthia: REORDER Inquiry 8-12-2020	

PRICE
On invoice refer to Tyrrell PO 36680. Deliver 1,000 (750 this order+250 from storage) to Cathy Thelen
\$350.37
\$ 20.00 Freight
\$370.37
\$ 21.02 6% tax
\$391.39
Paid date: <u>8-25-2020</u> Ck#: <u>55788</u>

3 @ 250

NEW PROSPECT <input type="checkbox"/> UPDATE <input type="checkbox"/>		ACTIVITY Today's Date: <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <div style="display: flex; justify-content: space-around; font-size: small;"> DAY ABBREV. MONTH YEAR </div>		USED CAR/TRUCK APPRAISAL											
Salesperson _____ Manager _____ Customer Status: Active <input type="checkbox"/> Sold <input type="checkbox"/>		V.I. NO. _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">NAME</td> <td style="width: 30%;">DATE</td> </tr> <tr> <td>ADDRESS</td> <td>PHONE</td> </tr> </table>		NAME	DATE	ADDRESS	PHONE								
NAME	DATE														
ADDRESS	PHONE														
CONTACT Prefix _____ First Name _____ Last Name _____ Email _____ Str. Adr. _____ City _____ State _____ Zip _____ Telephone #: Home (_____) _____ <div style="text-align: center; font-size: small;">AREA CODE</div> Cell (_____) _____ <div style="text-align: center; font-size: small;">AREA CODE</div> Work (_____) _____ <div style="text-align: center; font-size: small;">AREA CODE</div>		CIRCLE ONE: Advertising Source: RD? = Radio YP? = Yellowpages No BB? = Billboard RF? = Referral Demo: Yes NP? = Newspaper DM? = Direct Mail No TV? = Television DB? = Web Write Up: Yes <div style="text-align: center; font-size: small;">No</div> ? = _____													
Needs & Wants <div style="height: 100px; border: 1px solid black;"></div>		Buyer Type: O = Original Up P = Price (Includes Discount) W = Owners Up A = Allowance D = Difference R = Referral I = Incentive L = Lease B = Be Back Y = Payment U = Unknown Mgr Ck.: Yes Mgr T.O.: Yes Sold: Yes <div style="text-align: center; font-size: small;">No No No</div> <div style="text-align: center;">Open:</div>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">VEHICLE</th> <th style="width: 50%;">TRADE</th> </tr> <tr> <td> Stock # _____ Year _____ or <input type="checkbox"/> Locate </td> <td></td> </tr> <tr> <td>Year _____ Make _____</td> <td></td> </tr> <tr> <td>Make _____ Model _____</td> <td></td> </tr> <tr> <td>Model _____ ACV _____</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: x-small;">(ACTUAL CASH VALUE)</td> </tr> </table>		VEHICLE	TRADE	Stock # _____ Year _____ or <input type="checkbox"/> Locate		Year _____ Make _____		Make _____ Model _____		Model _____ ACV _____		(ACTUAL CASH VALUE)		ACTION PLAN/COMMENTS: <div style="height: 100px; border: 1px solid black;"></div>	
VEHICLE	TRADE														
Stock # _____ Year _____ or <input type="checkbox"/> Locate															
Year _____ Make _____															
Make _____ Model _____															
Model _____ ACV _____															
(ACTUAL CASH VALUE)															

CONDITION	OK	COST	CONDITION	OK	COST
Top	<input checked="" type="checkbox"/>		Engine	<input checked="" type="checkbox"/>	
Hood	<input type="checkbox"/>		Transmission	<input type="checkbox"/>	
Fenders	<input type="checkbox"/>		Brakes	<input type="checkbox"/>	
Doors	<input type="checkbox"/>		Exhaust/Smog	<input type="checkbox"/>	
Deck Lid	<input type="checkbox"/>		Air Cond.	<input type="checkbox"/>	
Paint	<input type="checkbox"/>		Trunk/Tools/Spare	<input type="checkbox"/>	
Bumpers	<input type="checkbox"/>		Steering & Alignment	<input type="checkbox"/>	
Grille	<input type="checkbox"/>		Tires: (Make)	<input type="checkbox"/>	
Upholstery	<input type="checkbox"/>		LF RF	<input type="checkbox"/>	
Carpets	<input type="checkbox"/>		LR RR SP	<input type="checkbox"/>	

TOTAL RECONDITIONING ESTIMATE _____

LESS: GLASS OR INS. CLAIM _____

DISPOSAL - ☐ Retail ☐ Wholesale

NET APPRAISAL

Initials _____

Salesperson _____ Stock # _____