

Tyrrell Auto Centers July 28 2020 2,500 Customer's Statement
 1jn8885 4-30-2020 500 c8069+f750 s12450+f1500 Modern I=32714 5-6-2020

8919

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: _____
 Billed: 7-31-2020
 Entered: 7-31-2020
 Delivered: 7-31-2020 # 579292
 Received: 7-30-2020

TO:
 Modern Printing - BRIAN FLOROM
 P.O. Box 1125
 Laramie, WY 82070

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. 8919

ORDER DATE	REQUIRED DATE	SHIP VIA	F.O.B.	
July 28 2020	Quote 5239 approved 28 July 2020	Cheapest way (even if it's through USPS); Prepaid and add to our invoice. Please include 2 sample forms with our invoice.	For Resale Yes	For Use
QUANTITY		PLEASE QUOTE FOR ITEMS LISTED BELOW	UNIT	COST
Quoted	UNIT	Customer's Statement form	sheets	\$232.00
2,500 sheets (25 pads) exactly	sheets	<ul style="list-style-type: none"> 8-1/2" x 15-1/2" 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. <p>Except for the increased quantity, this is an exact reorder of Modern's previous Invoice 32714 dated 5-6-2020 and Christie Printing's previous PO8888 dated 5-5-2020.</p>		\$ 15.00 ship est
Our Purchase Order Number MUST appear on invoices from you to us, packages & correspondence. Acknowledge if unable to deliver by date required.			BY: Cynthia L. Inke	

COST
 \$232.00
 \$ 15.00 Freight
 \$247.00
 I= 33201 dated: 7-31-2020
 Paid date: 8-24-2020 Ck#: 6052
 Notes for Cynthia: REORDER Inquiry 12-20-2020

PRICE
 On invoice refer to Tyrrell PO 37333
 Deliver 2,500 to Cathy
 \$ 278.40
 \$ 15.00 Freight
 \$293.40
 \$ 16.70 6% tax
 \$310.10
 Paid date: 8-25-2020 Ck#: 55968

5 shrinkwrapped pkgs of 5 pads ea.

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. <input type="checkbox"/> LEASE <input type="checkbox"/> OWN <input type="checkbox"/>	LANDLORD OR MORTGAGE HOLDER NAME						
PREVIOUS HOME ADDRESS	NUMBER AND STREET		CITY	COUNTY	STATE	ZIP CODE	LIVED THERE YEARS MONTHS
EMPLOYED BY SELF <input type="checkbox"/> OTHERS <input type="checkbox"/>	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 <input type="checkbox"/> SAVINGS <input type="checkbox"/> NO ACCOUNT <input type="checkbox"/>	CHECKING ACCOUNT NO.		
LAST CAR FINANCED	NAME OF CREDITOR	BALANCE DUE OR DATE PAID		TRADING IN THIS CAR? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> USED <input type="checkbox"/> AUCTION <input type="checkbox"/>	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.)					

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. <input type="checkbox"/> LEASE <input type="checkbox"/> OWN <input type="checkbox"/>	LANDLORD OR MORTGAGE HOLDER NAME						
PREVIOUS HOME ADDRESS	NUMBER AND STREET		CITY	COUNTY	STATE	ZIP CODE	LIVED THERE YEARS MONTHS
EMPLOYED BY SELF <input type="checkbox"/> OTHERS <input type="checkbox"/>	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 <input type="checkbox"/> SAVINGS <input type="checkbox"/> NO ACCOUNT <input type="checkbox"/>	CHECKING ACCOUNT NO.		
LAST CAR FINANCED	NAME OF CREDITOR	BALANCE DUE OR DATE PAID		TRADING IN THIS CAR? <input type="checkbox"/> YES <input type="checkbox"/> 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

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