

Tyrrell-Doyle Auto Centers Nov 25 2019 500 Customer's Statement
 1jn8763 8-16-2019 500 c9800+f1226 s12250+f1500 PMP I=1990121 8-22-2019

8822

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: 2-6-2020
 Billed: 12-10-2019
 Entered: 12-10-2019
 Delivered: 12-10-2019 # 579231
 Received: 12-6-2019 8819

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. **8822**

ORDER DATE	REQUIRED DATE	SHIP VIA	F.O.B.	
Nov 27 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.	For Resale	For Use
Terms	Quote 16676 approved 8-17-2019		Yes	
QUANTITY		PLEASE QUOTE FOR ITEMS LISTED BELOW	UNIT	PRICE
Quoted	UNIT			
500 sheets (5 pads) exactly	sheets	Customer's Statement form <ul style="list-style-type: none"> 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. <p>This is an exact reorder of our previous PO8763 dated 8-16-2019 and Pepperdines' previous Invoice 1990121 dated 8-22-2019.</p>	sheets	\$98.00 \$12.26 ship est
			BY: <u>Cynthia L. Duke</u>	

COST
 \$ 98.00
 \$ 12.26 Freight
 \$110.26
 I= 1994926 dated: 12-4-2019
 Paid date: 12-27-2019 Ck#: 6310
 Notes for Cynthia: REORDER Inquiry 3-26-2020

PRICE
 On invoice refer to Tyrrell PO 35319
 Deliver 500 to Cathy
 \$ 122.50
 \$ 15.00 Freight
 \$137.50
 \$ 7.35 6% tax
 \$144.85
 Paid date: 2-4-2020 Ck#: 93177

1 @ 500

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).
Check Appropriate Box
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).

Form section for applicant information including: 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, 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.

Form section for other income and references including: 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.

Vehicle purchase details form including: 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.)

Form section for co-applicant information including: 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, 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.

Form section for other income and references for co-applicant including: 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 _____

MONTHLY PAYMENT DATE DESIRED BY CUSTOMER: APPLICANT SIGNS _____ JOINT APPLICANT OR OTHER PARTY SIGNS _____ INDIVIDUAL (CHECK WHICH APPLIES) PARTNERSHIP CORPORATION DATE

A. INFORMATION ABOUT APPLICANT

B. INFORMATION ABOUT JOINT APPLICANT OR OTHER PARTY