

Tyrrell-Doyle Auto Centers Feb 2 2020 500 Customer's Statement
 1jn8822 11-26-2019 500 c9800+f1226 s12250+f1500 PMP I=1994926 12-4-2019

8852

FOR USE BY CHRISTIE PRINTING
 Complete: 3-26-2020
 Billed: 2-18-2020
 Entered: 2-18-2020
 Delivered: 2-18-2020 # 579248
 Received: 2-14-2020 8842



Christie Printing Service
 P.O. Box 3057 | Cheyenne, WY 82003-3057
 Phone: 630.464.9391 | email : CPrint@ChristiePrinting.com

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
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Purchase Order No. **8852**

ORDER DATE	REQUIRED DATE	SHIP VIA	F.O.B.	
Feb 11 2020	Quote 19737 Approved 11Feb2020	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 Yes	For Use
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 PO8822 dated 11-26-2019 and Pepperdines' previous Invoice 1994926 dated 12-4-2019.</p>	sheets	\$100.50 \$12.26 ship est
			BY: <u>Cynthia L Duke</u>	

COST
\$100.50
\$ 12.26 Freight
\$112.76
I= <u>1998242</u> dated: <u>2-13-2020</u>
Paid date: <u>6323</u> Ck#: <u>2-22-2020</u>
Notes for Cynthia: REORDER Inquiry 4-2-2020

PRICE
On invoice refer to Tyrrell PO 35890 Deliver 500 to Cathy
\$ 124.50
\$ 15.00 Freight
\$139.50
\$ 7.47 6% tax
\$146.97
Paid date: <u>3-24-2020</u> Ck#: <u>53968</u>

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).
- 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

Check Appropriate Box

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 <input type="checkbox"/> USED <input type="checkbox"/> AUCTION <input type="checkbox"/>	YEAR	#CYL.	MAKE	CASH PRICE (LINE 1 OF CONTRACT) \$
MODEL #	DESCRIPTION	MILEAGE			LESS: NET TRADE \$
VIN	SALESPERSON				CASH \$
1—W/O AIR CONDITIONING <input type="checkbox"/>	2—SUNROOF <input type="checkbox"/>	3—STEREO <input type="checkbox"/>			REBATES (DESCRIBE) \$
4—CRUISE <input type="checkbox"/>	5—POWER WINDOWS <input type="checkbox"/>	6—POWER SEATS <input type="checkbox"/>			OTHER (DESCRIBE) \$
7—FOUR WHEEL DRIVE <input type="checkbox"/>	8—MANUAL TRANS. <input type="checkbox"/>	9—ALUM./WIRE WHEELS <input type="checkbox"/>			TOTAL DOWNPAYMENT \$
OTHER (DESCRIBE)					UNPAID BALANCE \$
TRADE-IN YEAR MAKE DESCRIPTION					PLUS INSURANCE CHARGES \$
TERM OF CONTRACT MOS.	DEALER	DEALER NO.			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 _____

MONTHLY PAYMENT DATE DESIRED BY CUSTOMER: APPLICANT SIGNS: _____ JOINT APPLICANT OR OTHER PARTY SIGNS: _____

INDIVIDUAL (CHECK WHICH APPLIES)
 PARTNERSHIP
 CORPORATION DATE