

Tyrrell Auto Centers June 15 2021 4,000 Customer's Statement  
 1jn8919 7-28-2020 2,500 c23200+f750 s27840+f1500 Modern I=33201 7-31-2020

9029

FOR USE BY CHRISTIE PRINTING  
 Complete: 7-15-2021  
 Billed: 6-23-2021  
 Entered: 6-23-2021  
 Delivered: 6-23-2021 #579342  
 Received: 6-22-2021



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

<b>TO:</b> Modern Printing – BRIAN FLOROM P.O. Box 1125 Laramie, WY 82070	<b>INVOICE TO:</b> Christie Printing Services 5711 Osage Ave., Suite C Cheyenne, WY 82009	<b>SHIP TO:</b> Christie Printing Services 5711 Osage Ave., Suite C Cheyenne, WY 82009
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Purchase Order No. 9029

ORDER DATE	REQUIRED DATE	SHIP VIA	F.O.B.	
June 16 2021	Quote 16Jun2021 email approved.	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			
4,000 sheets (40 pads) exactly	sheets	Customer's Statement form <ul style="list-style-type: none"> <li>8-1/2" x 15-1/2"</li> <li>Print on one side</li> <li>Black ink</li> <li>20 lb. #4 Sulphite white</li> <li>Pad at top</li> <li>100 sheets per pad</li> <li>Shrink wrap in packages of 5 pads. If pads are not shrink wrapped we will deduct \$60 from our payment.</li> </ul> <p>Except for the increased quantity, this is an exact reorder of Modern's previous Invoice 33201 dated 7-31-2020 and Christie Printing's previous PO8919 dated 7-28-2020.</p>	sheets	Qty=4,000 \$352.00 <=\$15.00 ship est
Our Purchase Order Number <b>MUST</b> appear on invoices from you to us, packages & correspondence. Acknowledge if <b>unable to deliver by date required.</b>			BY: <u>Cynthia L. Duke</u>	

**COST**  
 \$352.00  
 \$ 15.00 Freight  
 \$367.00  
 I= 34867 dated: 6-23-2021  
 Paid date: 7-13-2021 Ck#: 6417  
 Notes for Cynthia: REORDER Inquiry 6-15-2022

**PRICE**  
 On invoice refer to Tyrrell PO 39565  
 Deliver 4,000 to Cathy  
 \$422.40  
 \$ 15.00 Freight  
 \$437.40  
 \$ 25.34 6% tax  
 \$462.74  
 Paid date: 7-15-2021 Ck#: 59961

2 BOXES/8 SW PKGS/5 PADS EA/100 SHEETS EA

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

Form section A containing personal information: 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), RENT BY MO. (LEASE, OWN), LANDLORD OR MORTGAGE HOLDER NAME, PREVIOUS HOME ADDRESS, EMPLOYED BY (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 AND ADDRESS OF PERSONAL FRIEND, 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 (NAME OF CREDITOR, ADDRESS, ACCOUNT NO.).

Form section for vehicle details: 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

Form section B containing personal information for 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), RENT BY MO. (LEASE, OWN), LANDLORD OR MORTGAGE HOLDER NAME, PREVIOUS HOME ADDRESS, EMPLOYED BY (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 (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. 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 \_\_\_\_\_ as to whether it meets purchase requirements. \_\_\_\_\_ for purchase or consideration

USED AUCCTION MAKE: _____ DESCRIPTION: _____ MODEL: _____		CASH PRICE: _____ DATE OF CONTRACT: _____ USED: YES/NO _____ CASH: _____ RESALE: DESCRIBE: _____ OTHER: DESCRIBE: _____	
1 - WIND AIR CONDITIONING <input type="checkbox"/> 4 - CRUISE <input type="checkbox"/> 7 - FOUR WHEEL DRIVE <input type="checkbox"/> OTHER (DESCRIBE): _____	2 - SUNROOF <input type="checkbox"/> 5 - POWER WINDOWS <input type="checkbox"/> 8 - MANUAL TRANS. <input type="checkbox"/>	3 - STEERING <input type="checkbox"/> 6 - POWER SEATS <input type="checkbox"/> 9 - ALUMINUM WHEELS <input type="checkbox"/>	TOTAL DOWNPAYMENT \$ _____ UNPAID BALANCE \$ _____ PLUS INSURANCE CHARGES \$ _____ OTHER CHARGES \$ _____ TOTAL AMOUNT FINANCED \$ _____ (MSRP \$ _____) SPECIAL PROGRAM (E.G. FIRST TIME BUYER, COLLEGE GRAD, ETC.) _____
TRADE-IN YEAR MAKE DESCRIPTION	DEALER	DEALER NO.	

**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.
<b>Allimony, 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.</b>				
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 INSTALLMENT 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 \_\_\_\_\_