

Sales Order

Mfg: PALECEK-BASKETS/ACCESSC

New York Design Center
 200 Lexington Avenue, Suite 511
 New York, NY 10016
 Tel: 212.287.0063
 Fax: 212.287.0066
 Email: palecekny@palecek.com

Order #: [REDACTED]
 Order Date: 6/29/2011
 Order Status: QUOTE/NOTE

Printed: 6/29/2011 2:04:18 PM

Bill To: Acct #: NYL0002384
 [REDACTED]
 301 EAST 66TH STREET, 14G
 NEW YORK, NY 10065

Ship To: Acct #: NYL0001184
 TBD
 Please provide ship-to phone
 number & address
 [REDACTED]
 New York, NY 10065
 9178553363

Phone: (917) .85-5.33 Fax:
 Contact:

Customer PO #	Ship	Not Before	Cancel	Ship Via	Source
[REDACTED]	6/29/2011	ASAP		Cheapest/Best	QRLabel64
Terms	Promo	B/O Sub	Assigned	Written By	
TO BE DETERMINED		Yes No	Your Local Sales Representative	PALECEK NEW YORK SHOWROOM	

Comments
 lead time: 3-4 weeks
 est shipping & handling: \$100.00

Seq	Qty	UM	Item Number	Description	Sale Price	Extended
1	2	EA	167377 769801342060	SHADOW BOX PLATO CORAL NATURAL/BROWN	109.000	218.00
						
2	3	EA	196977 769801855270	SHADOW BOX CLAM NATURAL/BROWN	103.000	309.00
						
3	3	EA	167177 769801246436	SHADOW BOX MUSHROOM CORAL NATURAL/BROWN	109.000	327.00
						

Customer Copy

Continued: Bill To: [REDACTED]

SO #: [REDACTED]

Seq	Qty	UM	Item Number	Description	Sale Price	Extended
4	1	EA	198477 769801855294	SHADOW BOX NAUTILUS NATURAL/BROWN	77.000	77.00
						
5	3	EA	197977 769801855287	SHADOW BOX STARFISH NATURAL/BROWN	83.000	249.00
						
6	3	EA	167377 769801342060	SHADOW BOX PLATO CORAL NATURAL/BROWN	109.000	327.00
						

Total Line Items = 6 Total # Products = 15
(+=special price applied *=not discounted)

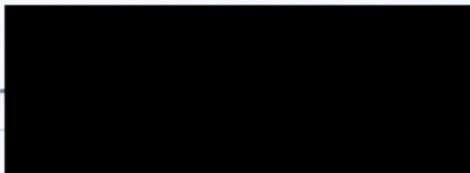
Total CBM= 0.000
Total Cubic Ft= 0.000

Total Shipping Wt = 0 lbs

SubTotal \$1,507.00

Total \$1,507.00

Order Acceptar
Authorized Signature



Position/Title:

owner

Date:

6/29/11

Customer Copy

PALECEK

Telephone (800) 274-7730 • FAX (510) 236-0561
info@palecek.com

CREDIT APPLICATION

Please print or type

#

DATE 6.29.11

REP NAME: _____

REQUESTED TERMS:

N-30 _____ Prepaid _____

PLEASE NOTE:

We must have an application on file even if you are requesting CASH terms. All information must be completed.

ACCESSORY BUYER

301 E 46th St 14G

EMAIL

BILLING ADDRESS

New York, NY 10065

CITY

STATE

ZIP

AND ADDRESS (IF DIFFERENT THAN ABOVE)

9 East 71st St.

STREET

New York, NY 10065

CITY

STATE

ZIP

Owner(s)

Address

A/P Contact

Phone

How long in business
Under your ownership

0-5 months _____

6-12 months

1-2 years _____

2-5 years _____

Over 5 years _____

Type of Business?

Corp _____

Partnership _____

Sole Proprietorship

Federal I.D.

Dun & Bradstreet #

PLEASE CHECK THE BOX NEAREST TO DESCRIBING YOUR BUSINESS

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Contract Specifier | <input type="checkbox"/> Decorative Accessory | <input type="checkbox"/> Department Store | <input checked="" type="checkbox"/> Designer |
| <input type="checkbox"/> Designer Showroom | <input type="checkbox"/> Floral | <input type="checkbox"/> Furniture | <input type="checkbox"/> Gift/Stationery | <input type="checkbox"/> Packer |
| <input type="checkbox"/> Hotel/Restaurant | <input type="checkbox"/> Lifestyle | <input type="checkbox"/> Mail Order | <input type="checkbox"/> Mass Merchant | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> One Time Buyer | <input type="checkbox"/> Grocery | <input type="checkbox"/> Store with Designer | <input type="checkbox"/> Other _____ |

ESTIMATED ANNUAL RETAIL VOLUME

- Under \$100K \$100K - \$200K \$201K - \$400K \$401K - \$600K Over \$600K

BANK REFERENCES

BANK

ACCOUNT#

CITY

STATE

ZIP

TELEPHONE

CONTACT NAME

ADDITIONAL REFERENCES

PLEASE LIST COMPLETE NAME, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE AND FAX NUMBERS & ACCOUNT NUMBER

IN APPLYING FOR OPEN ACCOUNT PRIVILEGES, I AM AWARE OF THE FOLLOWING AND AGREE TO THESE TERMS:

- 1) Interest will be added at the rate of 1 1/2% per month (18% per annum on past due amounts)
- 2) Should it be necessary for Palecek to resort to a collection agency, I agree to pay all costs and Attorney fees.
- 3) Shortage/damage claims are to be made within 15 days of receipt of merchandise.
- 4) Invoicing will be made at prevailing prices.
- 5) An assessment of \$25.00 will be charged on all proved proof-of-deliveries.
- 6) I hereby authorize our bank & trade references to release information for purposes of granting credit.
- 7) Affixed signature binds signer to personally guarantee payment of amount due.
- 8) Orders under minimum are subject to a service charge of \$35.00
- 9) Non-sufficient fund (NSF) Fee \$25.00

NAME (PRINT)

POSITION

SIGNATURE (OWNER, PARTNER, SOLE PROPRIETOR OR AUTHORIZED COMPANY EMPLOYEE)

DATE

owner

6/29/11

Resale Certificate



Single-use certificate Blanket certificate Date issued _____

Temporary vendors must issue a single-use certificate.

Seller information - please type or print

Seller's name <u>Patecek</u>		
Address <u>200 Lexington Ave Suite 511</u>		
City <u>New York, NY</u>	State <u>NY</u>	ZIP code <u>10016</u>

Purchaser information - please type or print

I am engaged in the business of Interior Design and principally sell _____
 (Contractors may not use this certificate to purchase materials and supplies.)

Part 1 - To be completed by registered New York State sales tax vendors

I certify that I am:

- a New York State vendor (including [redacted] admissions recipient), show vendor or entertainment vendor. My valid Certificate of Authority Number is _____
- a New York State temporary vendor. My valid Certificate of Authority Number is _____ and expires on _____

I am purchasing:

- A Tangible personal property (other than motor fuel or diesel motor fuel)
 - for resale in its present form or for resale as a physical component part of tangible personal property;
 - for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service, or
- B A service for resale, including the servicing of tangible personal property held for sale.

Part 2 - To be completed by non-New York State purchasers

I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction _____ and have been issued the following registration number _____. (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write **not applicable** on the line requesting the registration number.)

I am purchasing:

- C Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.
- D Tangible personal property for resale that will be resold from a business located outside New York State.

Part 3 - Certification

I, the purchaser, understand that:

- I may not use this certificate to purchase items or services that are not for resale.
- If I purchase tangible personal property or services for resale, but I use or consume the tangible personal property or services myself in New York State, I must report and pay the unpaid tax directly to New York State.
- I will incur tax liabilities, in addition to penalty and interest, for any misuse of this certificate.

Please type or print

Purchaser's name as it appears on the sales tax registration [redacted]	Name of owner, partner, or officer of corporation, authorizing the purchase [redacted]
Street address <u>301 Eldon St 14G</u>	Pu [redacted]
City <u>New York, NY</u>	State <u>NY</u>
ZIP code <u>10065</u>	Ti <u>owner</u>

Substantial penalties will result from misuse of this certificate.