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petalpushing@gmail.com • www.petalpushingus.com

DATE / /

NAME	SHIPPING INFO
ADDRESS	
CITY, STATE, ZIP	TEL / FAX / EMAIL

SALES PRODUCED	HOW SHIP	WHEN SHIP	PAYMENT METHOD	TERMS	OTHER INFO
SR: SP:					

QUANTITY	ITEM NUMBER & DESCRIPTION	UNIT PRICE	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

CREDIT CARD INFO: VISA MC AMEX OTHERS:	SALES TAX (CA)	
NUMBER: EXP. DATE: / /	SHIPPING & HANDLING	
CREDIT CARD BILLING ADDRESS: ZIP	CREDIT / DEPOSIT	⊖
REMARKS:	TOTAL AMOUNT	\$

RESALE CERTIFICATE	RESALE NUMBER:
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I HEREBY CERTIFY,
That I hold valid seller's permit issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling Gift / Home Decor Items that the tangible personal property described herein which I shall purchase from: Petal Pushing Lifestyle, Inc. will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.
Description of property to be purchased: Gift / Home Decor Items

BUYER'S ACCEPTANCE / AUTHORIZATION: X
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Make all check payable to **Petal Pushing**

THANK YOU FOR YOUR BUSINESS!