



People Committed to Quality Since 1936



1010 EAST 62ND STREET
LOS ANGELES, CA 90001-1598

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salsbury@mailboxes.com
www.mailboxes.com

BID PROPOSAL B-95352

Attention: JOSEPH OLS

Reference:

Customer # OLS-01 Type: 100 Date: 4/26/2006
(if available)

Thank you for the opportunity to submit this proposal.

CUSTOMER:

THE OLD RANCH RD USERS ASSOC
15215 OLD RANCH RD

LOS GATOS CA 95033
Phone: (408) 353-6564
Fax: (000) 000-0000

SHIP TO:

josephols@verizon.net

QTY	MODEL #	DESCRIPTION (Give color, options or specifications when required)	UNIT PRICE	PRICE
3	3302U	PARCEL LOCKER - USPS	\$500.00	\$1,500.00
3	3365	PEDESTAL-ALUMINUM-3302-PARCEL LOCKER	\$75.00	\$225.00

See "Commercial and Residential Mailboxes" catalog for product specifications, terms & conditions.

Sales Amt	\$1,725.00
LESS 15%	\$258.75
Subtotal	\$1,466.25
Sales Tax	\$121.00
Shipping	\$105.00
Total Bid Proposal	\$1,692.25

Shipping Date (approximate) _____ Submitted By **JOHNNY FRAHER/mc**

To order, please complete the information below and submit to Salsbury Industries.

METHOD OF PAYMENT	SHIPPING	PAYMENT
<input type="checkbox"/> Check or Money Order Enclosed <input type="checkbox"/> Deposit Enclosed 20% min. - balance COD - certified funds <input type="checkbox"/> Net 30 Days PO # _____ (upon approved credit) <input type="checkbox"/> Credit Card <input type="radio"/> VISA 13 or 16 digits <input type="radio"/> MASTERCARD 16 digits <input type="radio"/> AMERICAN EXPRESS 15 digits <input type="radio"/> DISCOVER / NOVUS 16 digits <input type="radio"/> I.M.P.A.C. (VISA and MC) 13 or 16 digits	SHIPPING METHOD <input type="checkbox"/> Best Available <input type="checkbox"/> Other _____ SHIPPING TERMS <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Collect <input type="checkbox"/> Prepay and add to the invoice (upon approved credit)	Total Order \$ _____ Amount Enclosed \$ _____ (or charged to credit card) Balance Due \$ _____ <p style="text-align: center;">B-95352</p>
_____ Account Number	_____ Expiration Date	_____ Authorized Signature
_____ Date	_____ Cardholder (if paying by credit card)	