

# **PMAI Wholesale Mall**

03/01/2004



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#### PMAI Wholesale Mall

• г 1. PMAI Wholesale Mall Г 、「Email Password」 . 2. ..... PMA I <sup>r</sup>Email Password」 . Г 3. ..... ( ) I 가 . . 4. ..... . 5. ..... Г 6. ..... Ъ 7. ..... . 8. FAQ..... 「FAQ」 .

9. CONTACT US..... PMAI E-mail



#### PMAI Wholesale Mall

PMAI

FAX

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Please tree or print all information.     Date of Anolication:     / /       Company Name     DBA       Biling Address     Phone     Fax       Phone     Fax       E-mail Address     Shipping Address       Phone     Fax       Shipping Address     Federal Tax ID#       Andres of years is businesses     Seller's Permit #       Legal Entity     In the State of       [Circle One     Stateward       Propriators, Partin     Stateward       Address (Beatkenoe)     Stateward       Name     Stateward       Address (Beatkenoe)     Trade References       Trade References     Prone       Prone     Fax       Address (Beatkenoe)     Interview       Name     Account#       1     Interview       2     Interview       3     Interviewer the understanding that it is to be used to determine the arround and conditions it hormation be company to the company to the company for which credit is being applied for in order to verify the information contained herein.	PMAI	CREDIT	r A	PPLI	CATIO	N	FORM
Company Name     DBA       Billing Address     Fax       Phone     Fax       E-mail Address     Shipping Address       Phone     Fax       Shipping Address     Feature Tax ID#       Antract of years is barbare of the credit to be extended. Furthermore, Thereby authorize the financial institutions is being applied for in order to verify the information contained herein.	Please type or	orint all informatio	а.		Date of A	polic	ation: / /
Billing Address       Fax         Phona       Fax         E-mail Address       Shipping Address         Phona       Fax         Namber of years is boarboard       Fatar Tax ID#         AP Contact       Sailer's Permit #         Legal Entity       In the State of         [Orde Dne       Sailer's Permit #         Propriators, Parto       Addmax (Residence)         Name       Sodal Security #         Addmax (Residence)       Fax         Name       Sodal Security #         Addmax (Residence)       Fax         Track Reference       Phone       Fax         1       Card Number       Valid Dates         3       Card Number       Valid Dates         VISA / MASTER       Valid Dates       Valid Dat	Company Nama				DEA		
Phone     Fax       E-mail Address     Shipping Address       Phone     Fax       Phone     Fax       Namber of years is baseded     Federal Tox ID#       AP Contact     Selier's Permit #       Legal Entity     In the State of       [Circle One     Statement       Propriators, Parto     Address (Seekieroe)       Anne     Social Security #       Address (Residence)     Trade Reference       Name     Social Security #       Address (Residence)     Fax	Billing Address						
E-mail Address Shipping Address Phone Phon	Phone			Fai	c		
Shipping Address       Fax         Phone       Fax         Name of years is business       Federal Tax ID#         A/P Contact       Seller's Permit #         Legal Entity       In the State of         [Circle One       Salary State         Propriators, Partin       Statese         Address (Readeroe)       Statese         Name       Statese         Address (Readeroe)       Name         Address (Readeroe)       Statese         Trade Reference       Prone         1       Statese         2       Statese         3       Statese         Card Reference       Name         Card Reference       Name         Card Reference       Name         Card Number       Valid Dates         VISA / MASTER       Statese receives prior in the amount and conditions of the credit to be extended. Furthermore, Thereby authorize the financial institutions insteed with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, Thereby authorize the financial institutions insteed with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, Thereby authorize the financial institutions insteed with the understanding that it is to be used to determine the amount and conditines the renefiliancial institutions </td <td>E-mail Address</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	E-mail Address						
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AP Contact     Selier's Permit#       Legal Entty     In the State of       [Circle One     In the State of       Proprietors, Parto     Statemark       Name     Statemark       Addmm (Residence)     State Scattly #       Name     State Scattly #       Addmm (Residence)     Trade Reference       Trade Reference     Prone       1     End       2     Integration       3     Integration       Card Reference     Name       Card Reference     Name       Card Reference     Name       Card Number     Valid Dates       VISA / MASTER     Integration of the credit to be extended. Furthermore, Thereby authorite the financial institutions instead with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, Thereby authorite the financial institutions instead on the order overlapping information to the company for which credit is being applied for in order to write the information contained herein.	Number of years in business			Fer	teral Tax ID#		
Legal Entry In the State of atom [Circle One Proprietors, Parto Name Addems (Sentieroe] Name Card Reference Name Card Reference Name Card Number Valid Dates ViSA / MASTER VISA	A/P Contact			Sel	ier's Permit#		
ICircle One       atom         Propriators, Parto       Sample         Name       Satamu (Sectore)         Name       Bodal Security #         Adams (Sectore)       Sodal Security #         Name       Bodal Security #         Adams (Sectore)       Fax         Trade Reference       Phone       Fax         1       Card Number       Vision         2       Image: Card Number       Valid Dates         VISA / MASTER       Image: Vision Master       Valid Dates         I hereby cortify that the information contained herein is complete and accurate. This information has been function to the company for which credit is being applied for in order to verify the information contained herein.	Legal Entity			Ir	n the State of		
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Progretans, Paths       Sample         Name       Sadams (Residence)         Name       Sodal Security #         Addems (Residence)       Image: Card Reference         Trade Reference       Prone       Fax         Addems (Residence)       Image: Card Number         Card Reference       Name       Card Number         VISA / MASTER       Image: Card Number       Valid Dates         VISA / MASTER       Image: Card Number       Valid Dates         VISA / MASTER       Image: Card Number       Valid Dates         I hereby cortify that the Information contained herein is complete and accurate. This information has been function to be carded to be detornine the amount and conditions of the credit to be extended. Furthermore, Ihereby authorite the financial institutions listed in this credit applied into in order to verify the information contained herein.	Receiving Review	$\mathbf{\sim}$					
Name     Social Security #       Addeess (Residence)	Proprietors, Partis		<b>)</b> /	$\mathbf{n}$	nl		<u> </u>
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Addees (Sections)         Trade Reference       Phone       Fex       Account#         1	Name			500	ta security #		
Trade Reference     Phone     Fex     Account#       1	Address (Residence)						
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2     3     Card Reference     Name     Card Number     Valid Dates       VISA / MASTER     VISA / MASTER     Intervention     Intervention       I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, Thereby authorite the financial institutions listed in this credit applied for in order to verify the information contained herein.	1						
3         Card Reference         Name         Card Number         Valid Dates           VISA / MASTER         VISA / MASTER         Intervention         Intervention           I hereby certify that the information contained herein is complete and accurate. This information has been functions of the credit to be extended. Furthermore, Thereby authorize the financial institutions listed in this credit applied in order to verify the information contained herein.	2						
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The second	I hereby certify the has been furnishe conditions of the c listed in this credit is being applied for	t the information of d with the understar redit to be extended application to relea r in order to verify t	ontaine nding t d. Furt ise ne the infe	ed herein is co that it is to be hermore, i he cessary inform armation conti	omplete and acc used to determ reby authorize in nation to the co almed herein.	urate ine th he fir mpar	). This information 10 amount and vancial institutions 19 for which credit

#### 20910 Normandie Ave., #C, Torranse, CA 90502 Phone: (310) 618-6000 Fax: (310) 328-5805



<sup>r</sup>First Time Visitor's Guide」

(Shipping Address)

FAX

EMAIL PMAI

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#### <sup>r</sup> Password <sub>J</sub>





, PMAI (310)618-6000

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CONTACT US





상품 검색 방법에는①「메이커·상품 종별」②「PRODUCT SEARCH」③「초기 표시 화면으로부터」④ 「SPECIAL OFFERS」의 4가지 방법이 있습니다. 찾으시려는 상품을 효율적으로 찾을수 있습니다.

### 「메이커·상품 종별」 로부터 검색



#### 상품종별검색

전 리스트가 표시됩 니다. 그 중의 하나에 커서를 대어 클릭합 니다. 여기에서는 시 험삼아「SOAP」를 클 릭해 봅시다.



#### 메이커별검색

전 리스트가 표시됩 니다. 그 중의 하나에 커서를 대어 클릭합 니다. 여기에서는 시 험삼아「TSUMURA」 를 클릭해 봅시다.



COSMETECS SOAP COSMETECS SOAP	SKIN CARE BOOY SOAP	BATH ADDITIVES DEENTED BATH ACCITIVES SUB CARE BATH ACCITIVES HOT SPERIO BATH ACCITIVES OTHER BATH ACCITIVES

메인 화면에 위화면이 표시됩니다. 오 렌지의 문자가 상품 종명의 대분류로, 검은 문자가 중분류입니다. 시험삼아 부분을 클릭해 봅시다.



메인 화면에 「SKIN CARE BODY SOAP」의 일람이 표시됩니다.

이 일람중에서 마음에 든 상품이 있으면, 지금부터 구입을 시작할수 있습니다만, 여기에서는 검색 방법까지만 설명해드립니다.

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메인 화면에 위화면이 표시됩니다. 오 렌지의 문자가 브랜드명으로, 검은 문 자가 상품 종명의 중분류입니다. 시험 삼아○부분을 클릭해 봅시다.



#### 「Product Search」로 검색

메인 메뉴의 「Product Search」를 클릭하면 오 른쪽 화면이 나타납니다. 검색 항목은 「New product(신상품)」,「On sale(발매중)」,「Best10」, 「Maker(메이커)」, 「Category(상품종)」의 5 항목입니다. 각각의 검색 항목을 편성해, 마음에 드는 상품을 찾을 수가 있습니다.



- 우선, 최상단 오른쪽 항목 「Best10」의 체크박스 를 클릭해 체크합니다.
- ② 다음에 전절과 같은 방법으로 「Maker」에 「TSUMURA」를 선택합니다. 그러면「Category」 라는 항목이 새롭게 나타납니다. 「Brand」에 「BATHCLIN」를 선택해, 오른쪽 아래그림과 같이 「Category」에 상품종의 대·중·소분류 등을 선택 해 만족될때까지 검색 조건을 좁혀 갑니다.

🔍 Search

클릭

New product: 🔲	On sale: 🗌 🛛 Best 10: 🖉
Maker	TSUMURA
Brand	BATHOLIN
Category	<b>Y</b>
New product:	On sale: 🗌 🛛 Best 10: 🗹
Maker	TSUMURA
Brand	BATHCLIN
Category	SOAP 💌
	BATH ADDITIVES 💌
	SCENTED BATH ADDITIVES 🔽



- ③ 검색 조건을 좁힌후 마지막에 「Search」 버튼을 클릭 합니다. 만약, 검색 조건이 마음에 들지 않으면 「Reset」 버튼을 클릭합니다. 그러면 지금까지의 검색 조건 항목이 모두 소거됩니다.
- ④ 왼쪽의 화면이 검색 결과입니다. 「TSUMURA」의 「BATHCLIN」라고 하는 이름으로 「SCENTED BATH ADDITIVES」에 속하는 상품의 매출 베스트 10이 표시됩니다.

#### 「초기 표시 화면」으로부터의 검색



「Best10」 항목만 체크

한 상태로 검색했을 때

와 같은 화면입니다.

Search 」에서 「 New Product」항목만 체크한 상태로 검색했을 때와 같은 화면입니다.



메인 메뉴의 「Special Offers」를 클릭하면 왼쪽 그림처럼 특별 제공 상품을 보실 수 있



Sales best 10

Detel.

P Dect-1 Namit 07196

Maker: KANEBO HP

**Item Name: MAKEUP** 

Pagular Wednesda \$140

Expected Retail \$157

TE Order

Maker: OSHIMATSUBARI

Item Name: FACE OD.

Michigale Mat. \$151

CLEANSING FOAM GREEN

Brand: NAIVE

Volume: 140 G

Duantity:

O Deated

tem# 00571

Brand: SE25EL

Volume: 30 ML

Price

TEA, +900

Price

#### 상품을 쇼핑카트에 넣기

초기화면에서 「HOT SALE」를 클릭할까, 또는「Product Search」에서 「BEST10」 만 체크한후 상품검색을 시작합시다.오른 쪽그림처럼 「Sale best 10」이 표시됩니 다. 그럼, 좌상의 상품을 구입해 봅시다. 우선 상품이미지밑에 있는 「Detail」버튼 을 누릅니다.

🖺 Detail



왼쪽화면이 표시됩니다. 위의 화면에 상 품설명문이 가해졌습니다. 설명문은 영어 ·일본어·중국어·한국어등 4국어표시가 가 능합니다. 초기표시는 영어이므로 일본어 표시로 전환해봅시다. 「Explanation」의 「Japanese」를 누릅니다.

@ Be

Price:

Detail

Bem# 38854

Maker: OEAMOTO

Bem Name: STUDDED

Pagular Michigan \$450

Westernie Mail Bill

Quantity

@ Best-4

TSUBAKI

Price

Volume: 50 ML

Bem# 00658

Brand CAMELLIA

Dom Name: HATCOL

Supported Nated \$453

TE Order

Moker: OSHMATSUBAKI

Brand BEYOND

Valume 15 PC

Explanation: [English] [Chinese] [Korean] 1度で簡単にメイクも汚れも洗い流せる洗顔フォーム。植物性 毛穴クリア成分配合。毛穴の奥までさっぱり落とします。洗う成 分の100%が植物素材。

오른쪽그림의 ○부분의 「Quantity」란에 Head: 07196 Maker: KANEBO HP 수량을 입력합니다. (오른쪽그림에서는 Brand: NAIVE E alla hem Name: MAKEUP CLEANSING FOAM OREEN TEA, +300 「1)이 입력되어 있습니다 )그다음, 화면 Volume: 140 O Price: 최하단의 「Order」 버튼을 클릭합니다. Regular Wholesale: \$9:62 Wholesale Mall \$3.61 Suggested Ratal: \$3.63 manifer: 1 Explanation: Deput nese] [Consul] 🗒 Order one cleaner I Th nce of removing make-up and il at the same time. Green tea extract included 클릭 face, but leaves you with a refleching feeling. 🛱 Order

KANEBO HP > NAIVE > BASIC SKIN CARE

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정산

구입하고 싶은 상품이 갖추어지면 오른쪽 그림중 아무쪽이나 클릭합니다.





Quantity :	1
Total :	\$3.61
🎒 Check	out

왼쪽의 확인화면이 표시됩니다. 손님의 연 락주소, 구입상품일람, 합계금액 등이 표시 됩니다. ○부분을 클릭하면 밑그림처럼 손 님이 계약하시고 계시는 크레디트 카드 회 사가 표시되기에 이용하시고 싶은 카드를 선택해 주세요.

- Select Credit Card -	*
- Select Credit Card -	
[MASTER][****-****-4000][02/2006]	

배송지가 여러곳 등록되어 있는 경우 희 망하시는 배송지를 선택해 주세요.

확인화면에 표시된 내용이 정확하시면 「Order」버튼을 클릭. 구입을 취소하고싶 은 경우는「Cancel order」를 클릭. 상품 수 량을 변경하고싶은 경우는 「 Change quantity」를 클릭.

Order	Cancel order	Change quantity

「 Orde	r」	버튼을	을 클릭	믝하면	주문	내용이
PMAI에	客	신되어	후일	상품이	도착	합니다.

Dear storp	
Thank you	or shopping at PMAI Wholesale Mall.
We apprech	to your business and look forward to serving you again sound!
Order Num	wr: 79
Order Date	11/21/2003 7 05 15 PM
SubTotal	3.61
Shipping &	Handling Fee: \$7.50
Total Amo	nt \$11.11
Please use order.	his order number in any correspondence with us in regards to th
	[Pateronce]
	Pacific Marketine Alliance.inc.
	FMAI Wholesele Mall
	(TEL): 310-610-6000
	(FAX): 310-329-5005
	(F-mailt matthemailtancem



#### PRODUCT SEARCH J





Order Date( <sup>r</sup> My History <sub>J</sub> My History 2003 8 1 12 1 My History Order date OPPN DDVVVVV V <sup>r</sup>View」 Vere Reset Order date(MM/DD/YYYY) / 1 2003 - 12 8 1 2003 Reset View <sup>r</sup>Order Number( ) 」 <sup>r</sup>Order Date( )」<sup>r</sup> Status()」 . Status 3 1/2 \*Please push [OrderNumber] to see details. <sup>r</sup>Received( ) \_ <sup>r</sup>Out-Of-Stock( 79 11/21/2003 7:05:15 PM Received )」「Canceled( )」「Processed ( 11/11/2003 7:17:41 PM 78 Received )」「Shipped( 가 ) т 5 11/8/2003 6:29:54 PM 77 Received 76 11/8/2003 6:18:17 PM Received 11/7/2003 12:21:30 PM Out-Of-Stock 71 . 69 11/4/2003 12:13:22 PM Received 2/2 \*Please push [OrderNumber] to see details. 67 11/1/2003 9:12:43 AM Received 66 11/1/2003 9:03:26 AM Received 10/20/2003 6:44:19 PM Received 58 10/29/2003 1:37:12 PM 60 Received 10/18/2003 1:03:59 PM Canceled 55 59 10/21/2003 8:46:45 AM Received 57 10/17/2003 1:22:02 PM Received 56 10/16/2003 9:59:31 AM Received /2 🥑 2/2



## <sup>r</sup> Received <sup>\_</sup> <sup>\_</sup> Processed <sup>\_</sup> <sup>\_</sup> Canceled <sup>\_</sup> <sup>\_</sup> Shipped <sup>\_</sup>

RECEIVED , , , PROCESSED CANCELED <sup>「</sup>OUT-OF-STOCK」 SHIPPED

#### 4가 STATUS 「ORDER NUMBER」

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Order number: 137 C		Order date: 2/29/2004 6:27:24 PM				
	Credit Card: [MASTER][****-****-2001]					
	<b>ShipTo</b> : shiptotest2 222-222 GARVEY test2 PARK,CA,11111					
Item <b>≇</b>	ItemName	SuggestedRetailPric	Quantity	UnitPrice	Total	
	Maker:CARMATE					
42188	Brand:CLIP CLAP	\$12.49	100	\$7.17	\$717.00	
	CL800 A/C DRINK HOLDER W/SIDE POCKET BLUE					
		Tota	l Amount		\$717.00	

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#### PMAI Wholesale Mall ,

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・・・・ Q. ? A. 37 .(,, ) Q. フト ?

A . , . . (TEL:31

#### 0-618-6000, E-MAIL:mall@pmaiusa.com)

Q . CHECK	?		
Α.			

Q .	?	
A.UPS.		

Q .	가	?	
Α.			

Q .	가	?		
Α.			(	)

9 . CONTACT US

