Summit group

PURCHASE ORDER

PO #: 15016644-OD

363049 SD

Terms	PO Date
Net 30	03/02/18
Page #	Modification Date/Time
1 of 1	3/02/18 02:44
Ship Method	
UPS LTL	

Vendor: G Bag, Inc.
19551 Montevina Rd.
LOS GATOS CA 95033

Vendor Phone #: (408) 395-6889

Vendor JDE #: 2507203

Vendor Fax #: (888) 855-6698

Account #:

Bill To: Summit Group, LLC
Attn: Accounts Payable - DC
280 Madsen Dr., Suite 100
Bloomingdale, IL 60108
Phone #: (630) 775-2700

Ship To: Jody Chesko
Niagara County Produce
112 Chestnut Street
LOCKPORT NY 14094
Phone #: 0 (716) 478-0887

Supplier Item	Description	Size	Quantity	UM	Unit Cost	Extended Total	Ship Date
BAG	15x11x8.5 laminated shopping bag, full color		5000	EA	.9900	4,950.00	04/17/18
	Special Instructions: -------------------- PACKAGING. . . standard ARTWORK. . . . On File PROOF TYPE . . Email Proof PRODUCT COLOR. full color with white linear straps IMPRINT POSITION: full color full bleed IMPRINT COLOR: full color- Niagara County Produce design see previous PO 9982460-OD for art. SPECIAL INSTRUCTIONS: PP bottom insert added. Anna quoted price. FIRM in hands date. Price quoted is delivered price.						
SETUP	Set up		6	EA	.0000		04/17/18
INSERT	PP Bottom Insert per Anna's Recommendation		5000	EA	.0800	400.00	04/17/18

					Total:	5,350.00	
	Extended Description: -------------------- Summit's PO number MUST be referenced on all freight documents						

Instructions to Vendor:
1. Our purchase order number must appear on all packages.
2. Advise if you cannot meet ship date.
3. This order must be acknowledged within 24 hours.
4.This purchase order includes and incorporates by reference the contract clauses contained in 41 CFR Section 60-1.4 (Executive Order 11246), 41 CFR Section 60-250.4 (Vietnam Veterans Readjustment Assistance Act), and 41 CFR Section 60-741.5 (Rehabilitation Act).

Terms And Conditions:
1. Each purchase order must be billed on a separate invoice.
2. Partial deliveries are not authorized without prior approval.
3. Materials are subject to inspection upon arrival. Goods rejected will be held for your disposition.
4. We reserve the right to cancel, all or in part, shipments not received within time specified for delivery.
5. Packing lists must be included on all shipments.

Contact Name	Email Address	Phone #	Fax #
Allison Vanikiotis	allison.vanikiotis@summitmg.com	(603) 431-1555	(603) 431-5551

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Ship Method		Vendor Fax #: (888) 855-6698 Account #:	Phone #: 0 (716) 478-0887
UPS LTL			

Supplier Item	Description	Size	Quantity	UM	Unit Cost	Extended Total	Ship Date
	A packing list MUST be included with each shipment - NOTE: If the total weigh of this order is LESS THAN 375 lbs please utilize Summit s UPS Ground Account #620551 - Please refer to the Summit Routing Guide in the 2017/2018 Supplier Agreement for instructions pertaining to shipments weighing MORE THAN 375 lbs. If you have misplaced the latest copy of our Routing Guide, please request a copy at routinginstructions@summitmg.com						

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