Summit group

PURCHASE ORDER

PO #: 15053565-OD

370088 SD

Terms	PO Date
Net 30	07/26/18
Page #	**Modification Date/Time**
1 of 2	8/09/18 01:43
Ship Method	
UPS Ground Service - Comm	

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: UNITED THERAPEUTICS
Attn: Beth Eritano
1040 SPRING STREET
SILVER SPRING MD 20910
Phone #: 0 (301) 608-0566

Supplier Item	Description	Size	Quantity	UM	Unit Cost	Extended Total	Ship Date
CUSTOM	16x16x6 NONWOVEN LAMANATED BAG W/ZIPPER - FULL COLOR IMPRINT		1000	EA	1.8400	1,840.00	09/03/18
	SET UP CHARGE FULL COLOR 4SIDE		1	EA	1,050.0000	1,050.00	09/03/18
	PROOF		1	EA	.0000		09/14/18
	Special Instructions: ---------- PACKAGING. . . STANDARD ARTWORK. . . . Via E-mail PROOF TYPE . . Email Proof PRODUCT COLOR. FULL COLOR IMPRINT POSITION: FOUR SIDES IMPRINT COLOR: FULL COLOR SPECIAL INSTRUCTIONS: NEED IN HAND 9/18/18 ARTWORK EXACTLEY LIKE VIRTUAL/MOCKUP DONE 8/9/19 HANDLES - 20" BLUE LIKE MOCKUP ZIPPER - BLUE						
	FREIGHT CHARGE- SEE 2NOTE		1000	EA	1.0000	1,000.00	09/03/18

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 #
Susan Keehan	susan.keehan@summitmg.com	(240) 491-5224	(301) 625-0820

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Supplier Item	Description	Size	Quantity	UM	Unit Cost	Extended Total	Ship Date
					Total:	3,890.00	

Extended Description:

Summit's PO number MUST be referenced on all freight documents
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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