Summit group

PURCHASE ORDER

PO #: 15132612-OD

383899 SD

Terms	PO Date
Net 30	05/23/19
Page #	**Modification Date/Time**
1 of 1	5/23/19 08:06

Ship Method: Truck

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: TO FOLLOW
MUST PROVIDE ACTUAL SHIP TO ADDRESS
Phone #: 0

Supplier Item	Description	Size	Quantity	UM	Unit Cost	Extended Total	Ship Date
CUSTOM	BLACK BAG WITH ZIPPER CLOSURE AND BOTTOM BASED BOARD Special Instructions: --------------------- PACKAGING. . . STANDARD ARTWORK. . . . Via E-mail PROOF TYPE . . Pre-Production Sample PRODUCT COLOR. BLACK . IMPRINT POSITION: ON FRONT OF BAG . IMPRINT COLOR: WHITE . SPECIAL INSTRUCTIONS: STRICT DELIVERY OF 9/4 - 9/19 IN BRISBANE FOR FULL ORDER - SEND PRE-PRO TO BROCKY IN MD . EMAIL PROOF FOR PRE-PRO TO SHAY.MILES@SUMMITMG.COM This order is being distributed in California. It must comply with all applicable federal and state Prop 65 - THNKS		8000	EA	.9000	7,200.00	08/26/19
	Set-up Charge Special Instructions: --------------------- ARTWORK. . . . On File PROOF TYPE . . Email Proof		2	EA	.0000		08/26/19

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 #
William Proxmire	brocky.proxmire@summitmg.com	(240) 491-5226	(301) 625-0821

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Ship Method
Truck

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Vendor Fax #: (888) 855-6698

Account #:

Ship To: TO FOLLOW
MUST PROVIDE ACTUAL SHIP TO ADDRESS

Phone #: 0

Supplier Item	Description	Size	Quantity	UM	Unit Cost	Extended Total	Ship Date
	PRODUCT COLOR. BLACK . IMPRINT POSITION: SAME AS PO 15044357-OD . IMPRINT COLOR: WHITE . SPECIAL INSTRUCTIONS: SAME AS 15044357-OD . WE WILL NEED TO SHIP/DELIVER TO WASHINGTON DC AREA IN EARLY SEPTEMBER						
					Total:	-------------- 7,200.00	

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 weight 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 2018/2019 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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