	mscan Inc.	NEW VENDOR	VENDOR INFO CHANGE
Vendor Participa	tion Agreement 2023		
VENDO	R INFORMATION		n "x" in applicable box)
VENDO		VENDOR TYPE	Foreign (FPUR)
VENDOR NAME			Domestic (DPUR)
		VENDOR CLASS	Foreign (F)
ALSO KNOWN AS (AKA)			Foreign with Dom Contact
			Domestic (D)
		TYPE OF BUSINESS	Agent
CURRENCY QUOTED	US Dollar (USD)	x	Trading Company
	-		Factory
DOMESTIC VENDORS			
TAX ID #		ORGANIZATION TYPE	Individual
			Partnership
PRODUCT COUNTRY OF ORIGIN			Corporation
	G INFORMATION		CT CATEGORIES
	ne & Address (as appears on bank records or Name Exactly, If not please provide Bank Le	·	licable Boxes for Types of Sold by Vendor
		Bags/Gift	Novelties
		Wrap/Tissue/Bow	
		Balloon Accessories	Party Accessories
Bank Name & Address		Balloons - Foil	Party Decorations
		Balloons - Latex	Party Favors
		Balloon Kits	Pinatas
Account Number - No OSA (Offsho	re Accounts)	Banners	Tableware, Paper
		Candles	Tableware, Plastic
Swift Code		Crepe, Solid	Costumes
		Confetti	Costume Accessories &
		Door Decorations	Wearables Plush Toys
ABA Routing		Honeycomb	Gift Items
		[_]	
Check hov	t if using a Factor	Metallic Decorations Other (list)	
Factor Full Name & Address:			

If using a Factor please provide Factor Assignment Letter

VENDOR CONTACTS

Vendor must fill in all applicable sections below

PAYMENT

Contact Name

Remittance Address

Phone Number

Email Address 1

Email Address 2

ORDERS

Contact Name

Address

Phone Number

Email Address 1

Email Address 2

COMPANY OFFICER

Contact Name

Address

Phone Number

Email Address 1

Email Address 2

PORTAL CONTACT

Contact Name

Address

Phone Number

Email Address 1

Note Only One Active Portal User/Email Allowed

SALES

Contact Name

Address

Phone Number

Email Address 1

Email Address 2

ARTWORK

Contact Name

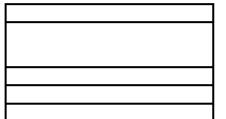
Address

Phone Number

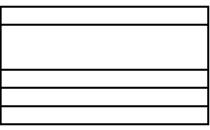
Email Address 1

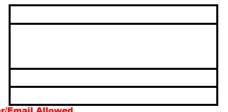
Email Address 2

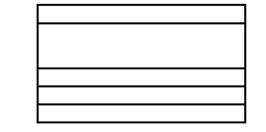
_			

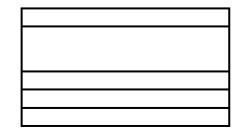


*Authorized to sign this form





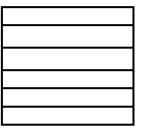




NOTE: ANY CHANGES SHOULD BE HIGHLIGHTED ON THE VPA AND DOCUMENTATION MUST BE SENT ON COMPANY LETTERHEAD AND SIGNED BY A SENIOR COMPANY OFFICER. ALL CHANGES MUST BE RECEIVED 14 DAYS PRIOR TO THEIR EFFECTIVE DATE.

> Title City State/Province Zip Code Country Fax Number

Title City State/Province Zip Code Country Fax Number



Title
City
State/Province
Zip Code
Country
Fax Number



Zip Code

Country Fax Number

State/Province

Zip Code

Country

Title

City

Fax Number

State/Province

Zip Code

Country

Fax Number

Title

City

NOTE: ANY CHANGES SHOULD BE HIGHLIGHTED ON THE VPA AND DOCUMENTATION MUST BE SENT ON COMPANY LETTERHEAD AND SIGNED **VENDOR CONTACTS (CONTINUED)** BY A SENIOR COMPANY OFFICER. ALL CHANGES MUST BE RECEIVED 14 DAYS PRIOR TO THEIR EFFECTIVE DATE. Vendor must fill in all applicable sections below SAFETY COMPLIANCE **Contact Name** Title Address City State/Province Phone Number Zip Code Email Address 1 Country Email Address 2 Fax Number DEVELOPMENT **Contact Name** Title Address City State/Province Phone Number Zip Code Email Address 1 Country Email Address 2 Fax Number LOGISTICS/SHIPPING **Contact Name** Title Address City State/Province Phone Number Zip Code Email Address 1 Country Email Address 2 Fax Number **QA/CUSTOMER SERVICE Contact Name** Title Address City State/Province **Phone Number** Zip Code Email Address 1 Country Email Address 2 Fax Number OTHER Title **Contact Name** City Address State/Province Phone Number Zip Code Email Address 1 Country Email Address 2 **Fax Number MANUFACTURING FACTORY Factory Name** Title **Contact Name** City Address State/Province **Phone Number** Zip Code Email Address 1 Country

Fax Number

If you have more than one factory address - please list on a separate sheet & attach to this document

PAYMENT TERMS	** Please Note ACH Payment Type is NOT Curren	tly Available		
FOREIGN VENDORS	Please Put X in Terms and Pa	yment Type		
Payment Terms	NET 90			
Payment Type	WIRE			
**Note* Foreign Vendors will get p	paid via Wire Transfer			
FOREIGN WITH DOMESTIC CONTACT	Please Put X in Terms and Pa	nyment Type		
Everyday Payment Terms	NET 90		_	
Everyday Payment Type	СНЕСК	WIRE		
Note Foreign Vendors with Do	mestic Payment Contacts Will get paid via Check	_		
DOMESTIC VENDORS	Please Put X in Terms and Pa	yment Type		
Everyday Payment Terms	NET 90			
Everyday Payment Type	CHECK			
**Note* Domestic Vendors Get Pa	id via Check			
Payment Terms Comments				
Allowances/Rebates				
Rebate		Rebate 1 Method of F	Payment	-
		Due Date		
				•
SHIPPING INFORMAT	ION			
Pricing is FOB Port (Yes or No) FOB Port City				
-				
Minimum Order Amount				
DOMESTIC VENDORS FOB Origin Collect (PCHI Selects (Carrier & Pays Freight)			
FOB Destination Prepaid (Supplier				
FOB City & State				
Minimum Order Amount				
Minimum Prepaid Order Amount				
Other				
	ORDER INFORMATIO	N		
		Domestic Orders Cancel	led	1
# of days to get an order ready to ship		by:		
		(Default 30 Days)		J
" "				
# of days to ship an order from your dock to DC/Port				
• •• • • • • • •				
Is Vendor EDI (Electronic	: Data Interchange) Capable (Put "X" in Box)	Yes	No	

PLEASE PROVIDE THE AUTHORIZED VENDOR SIGNATURE ON THE FOLLOWING PAGE 5

SIGNATURES]		
Vendor Signature			
Authorized Vendor Signature		Title	
Must be signed by the Compa Printed Name	ny Officer Listed In Above Contacts (Full name in English and Chinese if applicable)	Date	
Vendor Chop: (For Foreign Vendors Only)			
PCHI (HKO or USO) Requestor Signature		Date	
Printed Name		<u>-</u>	
PCHI Sourcing Director/Product Ops Approval Signature		Date	
Printed Name		-	
PCHI VP Approval Signature		Date	
Printed Name		-	
FOR A/P DEI	PARTMENT ONLY	FOR BANKING INFOR	MATION CHANGES ONLY
A/P Processed By:		Verified By: (Name of Contact at HKO or USO)	
Vendor Number Assigned:		Spoke with Vendor Contact:	
Date:		Date:	
FOR VENDOR RELATIONS USE ONLY			

Vendor Category		Domestic Freight Rate Needed (Put X in Box)	
Special Payment Terms Notes		Domestic Freight Rate %	
BPCS Terms Code	PCHI Importer of Record	Inventory Manager	
Additional Comments/Notes		PO's to be sent VIA EDI (Put X	in Box)