

PCHI-Amscan Inc.
Vendor Participation Agreement 2023

NEW VENDOR	VENDOR INFO CHANGE
-------------------	---------------------------

(Please place an "x" in applicable box)

VENDOR INFORMATION

VENDOR NAME			
ALSO KNOWN AS (AKA)			
CURRENCY QUOTED	US Dollar (USD)	<input checked="" type="checkbox"/>	
DOMESTIC VENDORS TAX ID #			
PRODUCT COUNTRY OF ORIGIN			

VENDOR TYPE	Foreign (FPUR)	<input type="checkbox"/>
	Domestic (DPUR)	<input type="checkbox"/>

VENDOR CLASS	Foreign (F)	<input type="checkbox"/>
	Foreign with Dom Contact	<input type="checkbox"/>
	Domestic (D)	<input type="checkbox"/>

TYPE OF BUSINESS	Agent	<input type="checkbox"/>
	Trading Company	<input type="checkbox"/>
	Factory	<input type="checkbox"/>

ORGANIZATION TYPE	Individual	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>
	Corporation	<input type="checkbox"/>

BANKING INFORMATION

Beneficiary Full Company Name & Address (as appears on bank records)
 Beneficiary Name must match Vendor Name Exactly, If not please provide Bank Letter

Bank Name & Address

Account Number - No OSA (Offshore Accounts)

Swift Code

ABA Routing

Check box if using a Factor

Factor Full Name & Address:

If using a Factor please provide Factor Assignment Letter

PRODUCT CATEGORIES

Place "X" in All Applicable Boxes for Types of Products Sold by Vendor

Bags/Gift Wrap/Tissue/Bow	<input type="checkbox"/>	Novelties	<input type="checkbox"/>
Balloon Accessories	<input type="checkbox"/>	Party Accessories	<input type="checkbox"/>
Balloons - Foil	<input type="checkbox"/>	Party Decorations	<input type="checkbox"/>
Balloons - Latex	<input type="checkbox"/>	Party Favors	<input type="checkbox"/>
Balloon Kits	<input type="checkbox"/>	Pinatas	<input type="checkbox"/>
Banners	<input type="checkbox"/>	Tableware, Paper	<input type="checkbox"/>
Candles	<input type="checkbox"/>	Tableware, Plastic	<input type="checkbox"/>
Crepe, Solid	<input type="checkbox"/>	Costumes	<input type="checkbox"/>
Confetti	<input type="checkbox"/>	Costume Accessories & Wearables	<input type="checkbox"/>
Door Decorations	<input type="checkbox"/>	Plush Toys	<input type="checkbox"/>
Honeycomb	<input type="checkbox"/>	Gift Items	<input type="checkbox"/>
Metallic Decorations	<input type="checkbox"/>		<input type="checkbox"/>
Other (list)			

VENDOR CONTACTS

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.

Vendor must fill in all applicable sections below

PAYMENT

Contact Name	
Remittance Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

ORDERS

Contact Name	
Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

COMPANY OFFICER

***Authorized to sign this form**

Contact Name	
Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

PORTAL CONTACT

Contact Name	
Address	
Phone Number	
Email Address 1	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

****Note** Only One Active Portal User/Email Allowed**

SALES

Contact Name	
Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

ARTWORK

Contact Name	
Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

VENDOR CONTACTS (CONTINUED)

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.

Vendor must fill in all applicable sections below

SAFETY COMPLIANCE

Contact Name	
Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

DEVELOPMENT

Contact Name	
Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

LOGISTICS/SHIPPING

Contact Name	
Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

QA/CUSTOMER SERVICE

Contact Name	
Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

OTHER

Contact Name	
Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
Country	
Fax Number	

MANUFACTURING FACTORY

Factory Name	
Contact Name	
Address	
Phone Number	
Email Address 1	
Email Address 2	

Title	
City	
State/Province	
Zip Code	
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 Currently Available
----------------------	---

FOREIGN VENDORS	Please Put X in Terms and Payment Type
------------------------	---

Payment Terms	NET 90	<input type="checkbox"/>
Payment Type	WIRE	<input type="checkbox"/>

****Note* Foreign Vendors will get paid via Wire Transfer**

FOREIGN WITH DOMESTIC CONTACT	Please Put X in Terms and Payment Type
--------------------------------------	---

Everyday Payment Terms	NET 90	<input type="checkbox"/>
Everyday Payment Type	CHECK	<input type="checkbox"/>
	WIRE	<input type="checkbox"/>

****Note** Foreign Vendors with Domestic Payment Contacts Will get paid via Check**

DOMESTIC VENDORS	Please Put X in Terms and Payment Type
-------------------------	---

Everyday Payment Terms	NET 90	<input type="checkbox"/>
Everyday Payment Type	CHECK	<input type="checkbox"/>

****Note* Domestic Vendors Get Paid via Check**

Payment Terms Comments

Allowances/Rebates

Rebate

Rebate 1 Method of Payment

<input type="text"/>
Due Date <input type="text"/>

SHIPPING INFORMATION

FOREIGN VENDORS

Pricing is FOB Port (Yes or No)	<input type="text"/>
FOB Port City	<input type="text"/>
Minimum Order Amount	<input type="text"/>

DOMESTIC VENDORS

FOB Origin Collect (PCHI Selects Carrier & Pays Freight)	<input type="checkbox"/>
FOB Destination Prepaid (Supplier selects carrier and pays freight)	<input type="checkbox"/>
FOB City & State	<input type="text"/>
Minimum Order Amount	<input type="text"/>
Minimum Prepaid Order Amount	<input type="text"/>

Other

ORDER INFORMATION

of days to get an order ready to ship

Domestic Orders Canceled by: (Default 30 Days)	<input type="text"/>
---	----------------------

of days to ship an order from your dock to DC/Port

Is Vendor EDI (Electronic Data Interchange) Capable (Put "X" in Box)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	------------	--------------------------	-----------	--------------------------

****PLEASE PROVIDE THE AUTHORIZED VENDOR SIGNATURE ON THE FOLLOWING PAGE 5****

SIGNATURES

Vendor Signature	
Authorized Vendor Signature	Title
Must be signed by the Company Officer Listed In Above Contacts	Date
Printed Name	
(Full name in English and Chinese if applicable)	
Vendor Chop: (For Foreign Vendors Only)	

PCHI (HKO or USO) Requestor Signature	Date
Printed Name	

PCHI Sourcing Director/Product Ops Approval Signature	Date
Printed Name	

PCHI VP Approval Signature	Date
Printed Name	

FOR A/P DEPARTMENT ONLY	FOR BANKING INFORMATION CHANGES ONLY
A/P Processed By:	Verified By:
Vendor Number Assigned:	(Name of Contact at HKO or USO)
Date:	Spoke with Vendor Contact:
	Date:

FOR VENDOR RELATIONS USE ONLY

Vendor Category		Domestic Freight Rate Needed (Put X in Box)	<input type="checkbox"/>
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)	<input type="checkbox"/>