

**PCHI-Amscan Inc.**  
**Vendor Participation Agreement 2022**

<b>NEW VENDOR</b>	<b>VENDOR INFO CHANGE</b>
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(Please place an "x" in applicable box)

**VENDOR INFORMATION**

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

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

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

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

<b>ORGANIZATION TYPE</b>	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	
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\*

<b>PAYMENT TERMS</b>	<b>** Please Note ACH Payment Type is NOT Currently Available</b>
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<b>FOREIGN VENDORS</b>	<b>Please Put X in Terms and Payment Type</b>			
Payment Terms	NET 30	<input type="checkbox"/>	NET 60	<input type="checkbox"/>
Payment Type	WIRE	<input type="checkbox"/>	CHECK	<input type="checkbox"/>

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

<b>FOREIGN WITH DOMESTIC CONTACT</b>	<b>Please Put X in Terms and Payment Type</b>			
Everyday Payment Terms	NET 30	<input type="checkbox"/>	NET 60	<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**

<b>DOMESTIC VENDORS</b>	<b>Please Put X in Terms and Payment Type</b>			
Everyday Payment Terms	NET 30	<input type="checkbox"/>	NET 60	<input type="checkbox"/>
Everyday Payment Type	CHECK	<input type="checkbox"/>		

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

<b>Payment Terms Comments</b>
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<b>Allowances/Rebates</b>
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Rebate

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**Rebate 1 Method of Payment**

Due Date	

<b>SHIPPING INFORMATION</b>
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**FOREIGN VENDORS**

Pricing is FOB Port (Yes or No)	
FOB Port City	
Minimum Order Amount	

**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	
Minimum Order Amount	
Minimum Prepaid Order Amount	

Other

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<b>ORDER INFORMATION</b>
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# of days to get an order ready to ship		<b>Domestic Orders Canceled by:</b> (Default 30 Days)	
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# of days to ship an order from your dock to DC/Port	
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Is Vendor EDI (Electronic Data Interchange) Capable (Put "X" in Box)	Yes		No	
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**\*\*PLEASE PROVIDE THE AUTHORIZED VENDOR SIGNATURE ON THE FOLLOWING PAGE 5\*\***

**SIGNATURES**

<b>Vendor Signature</b>			
<b>Authorized Vendor Signature</b>		<b>Title</b>	
<b>Printed Name</b>		<b>Date</b>	
Must be signed by the Company Officer Listed In Above Contacts (Full name in English and Chinese if applicable)			
<b>Vendor Chop:</b> (For Foreign Vendors Only)			
<b>PCHI (HKO or USO) Requestor Signature</b>		<b>Date</b>	
<b>Printed Name</b>			
<b>PCHI Sourcing Director/Product Ops Approval Signature</b>		<b>Date</b>	
<b>Printed Name</b>			
<b>PCHI VP Approval Signature</b>		<b>Date</b>	
<b>Printed Name</b>			
<b>FOR A/P DEPARTMENT ONLY</b>	<b>FOR BANKING INFORMATION CHANGES ONLY</b>		
<b>A/P Processed By:</b>		<b>Verified By:</b> (Name of Contact at HKO or USO)	
<b>Vendor Number Assigned:</b>		<b>Spoke with Vendor Contact:</b>	
<b>Date:</b>		<b>Date:</b>	

**FOR VENDOR RELATIONS USE ONLY**

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