



Drug Plastics & Glass., Inc./ Drug Plastic Closures, Inc.
Vendor Set-Up



SECTIONS 1 - 5 TO BE FILLED OUT BY VENDOR

SECTION 1

Vendor Name	_____	Vendor #	_____
			(Assigned by Accounting Dept.)
Mailing Address	_____	Phone #	_____

	_____	Fax #	_____
Remit to Address	_____	Duns #	_____
	_____		_____ Raw Materials
	_____		_____ Packaging
A/R Contact	_____	Type of Purchase (check one)	_____ Service/Repair
A/R Email	_____		_____ Maint. Repair/Operations
A/R Phone	_____	Sales Email	_____
		Sales Phone #	_____

W-9 -Required Please submit (Form Attached)

SECTION 2

BILLING INFORMATION INSTRUCTIONS

PREFERRED METHOD OF INVOICING IS BY PDF VIA E-MAIL TO: DPGAccountsPayable@drugplastics.com

INVOICES SHOULD BE ONE PER PURCHASE ORDER, NOT MULTIPLE PURCHASE ORDERS ON ONE INVOICE.

SECTION 3

CREDIT CARD INFORMATION - PREFERRED FORM OF PAYMENT

OUR PREFERRED METHOD OF PAYMENT IS CREDIT CARD

We offer AP Control through Wells Fargo. When you are signed up you will receive an e-mail from Wells Fargo giving you the credit card information to pull your credit card payment. Form attached to explain the process.

Please contact DPGAccountsPayable@drugplastics.com or call Bethany Petery @ 610-369-5368, or Kristi Cowger @ 610-369-5196 if you have any questions.

Credit Card Payment Yes No

SECTION 4

ACH INFORMATION FOR DIRECT DEPOSIT PAYMENT - 2ND PREFERRED FORM OF PAYMENT

Bank Institution _____ Bank Routing # _____

Bank Account # _____

Bank Account Type Checking Savings

Remittance E-mail address _____

SECTION 5 (CHECK ALL THAT APPLY)

<input type="checkbox"/> Large Business	<input type="checkbox"/> Small Business	<input type="checkbox"/> No. of Employees
<input type="checkbox"/> Minority-Owned(choose one below)	<input type="checkbox"/> Women-Owned	<input type="checkbox"/> Service-Disabled Veteran-Owned
<input type="checkbox"/> African American	<input type="checkbox"/> LGBT-Owned	<input type="checkbox"/> Disadvantaged Business
<input type="checkbox"/> Asian-Indian	<input type="checkbox"/> Disabled-Owned	<input type="checkbox"/> 8(a)Business
<input type="checkbox"/> Asian-Pacific	<input type="checkbox"/> Veteran-Owned	<input type="checkbox"/> Other - Please Specify: _____
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> HubZone Business	

The Vendor may wish to review the definition for the above categories in the Federal Acquisition Regulation 19.7 or 52.21908 at www.acquisition.gov/far. Supplier may also refer to the Small Business Administrations website at www.sba.gov/size, or contact your local SBA office. By offer submission, if the subcontractor is a small business concern in FAR 48 CFR Part 19, subcontractor verifies that its SAM profile is current, accurate, and complete as of the date of offer for the subcontract.

SECTION 6

TO BE FILLED OUT BY DPG/DPC REQUESTOR

Requested by _____ Date _____

Reason for Request _____

SECTION 7

Approval Routing (3 approvals necessary)

Director/VP of Requesting Dept.	_____	Date	_____
Sr. Director/Director of Purchasing	_____	Date	_____
Director of Accounting/VP Finance	_____	Date	_____
Accounts Payable	_____	Date	_____