



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 #	_____

	_____	Type of Purchase (check one)	_____ Raw Materials
	_____		_____ Packaging
A/R Contact	_____		_____ Service/Repair
A/R Email	_____		_____ Maint. Repair/Operations
A/R Phone	_____		_____ Other
Vendor Payment Terms	_____	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 payment by credit card through Bank of America. DPG will sign you (the vendor) up. Bank of America will send you a Welcome e-mail explaining the process. First payment will provide you with logon and password information to retrieve credit card information. 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)

_____ Large Business	_____ Small Business	_____ No. of Employees
_____ Minority-Owned(choose one below)	_____ Women-Owned	_____ Service-Disabled Veteran-Owned
_____ African American	_____ LGBT-Owned	_____ Disadvantaged Business
_____ Asian-Indian	_____ Disabled-Owned	_____ 8(a)Business
_____ Asian-Pacific	_____ Veteran-Owned	_____ Other - Please Specify:
_____ Hispanic American	_____ 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	_____
Director/VP of Purchasing	_____	Date	_____
Controller/CFO	_____	Date	_____
Accounts Payable	_____	Date	_____