
| | | | |
|-----------------|----------|----------------|------------|
| Purchase Order: | 7417504 | Order Date: | 2023-08-02 |
| Total Amount: | 5,400.00 | Currency: | USD |
| Is Rush Order: | No | Payment Terms: | NET45 |

Digital Proof Request:

| | |
|---------------------|---------------------------|
| required: | Yes |
| type: | Email |
| email: | lovie.roberts@staples.com |
| lineItemGroupingId: | 1 |

Order Contacts:

| | |
|---------------|--|
| Contact Type: | Bill |
| Account Name: | STAPLES PROMOTIONAL PRODUCTS, A/P D |
| attentionTo: | STAPLES PROMOTIONAL PRODUCTS, A/P D |
| address1: | 7500 West 110th Street |
| city: | Overland Park |
| region: | KS |
| postalCode: | 66210 |
| country: | US |
| email: | InvoicesSPP@Staples.com |
| phone: | 913-319-3100 |
| comments: | All invoices must reflect our PO# TAX EXEMPT 04-3390816 A/P Phone: 913-319-3100 |

| | |
|-----------------|---------------------------|
| Contact Type: | Expeditor |
| Account Number: | SL |
| attentionTo: | LOVIE ROBERTS |
| address1: | 8610 Page Ave, Suite A |
| city: | St. Louis |
| region: | MO |
| postalCode: | 63114 |
| country: | US |
| email: | lovie.roberts@staples.com |
| phone: | 3146923020 |

| | |
|---------------|-------------------|
| Contact Type: | Sales |
| attentionTo: | GENEVIEVE CASHMAN |
| address1: | 7822 DAVIDSON CT |
| city: | INVER GROVE HTS |
| region: | MN |
| postalCode: | 55076 |
| country: | US |

phone: 6515032287

Order Shipments:

ContactDetails:

attentionTo: BETHANY MCCAIN
companyName: MAYO CLINIC
addressLines: 200 1ST ST SW
city: ROCHESTER
state: MN
postalCode: 559050002
country: US
email: mccain.bethany@mayo.edu
phone: 7014128814

ThirdPartyAccount:

accountNumber: 79V822
accountName: STAPLES PROMOTIONAL PRODUCTS, A/P D

ContactDetails:

attentionTo: STAPLES PROMOTIONAL PRODUCTS, A/P D
addressLines: 7500 West 110th Street
city: Overland Park
state: KS
postalCode: 66210
country: US
email: InvoicesSPP@Staples.com
phone: 913-319-3100

shipReferences: 7417504

packingListRequired: Yes

blindShip: Yes

allowConsolidation: No

FreightDetails:

carrier: UPS
service: GROUND

comments:

Under 501 lbs: Ship via: UPS GROUND-
COMM-3rd Party Bill SPP Account#: 79V822
**Transporting hazardous materials or
dangerous goods are to be shipped on the
vendor's freight acct and conform to IATA and/or
PHMSA Regs. Power banks are classified as
standalone batteries a HazMat item The safe
transport of hazardous material and dangerous
goods contents is the legal responsibility of the
Shipper. Vendor shall bill SPP their discounted
freight-published rates will not be accepted.**
**Haz Mat shipping directions supersede any
other directions if shipping Haz Mat/Dangerous
Goods** **IF 501 TO 8,000 LBS: Route per
'STAPLES PROMO PRODUCTS LTL ROUTING
MATRIX.XLSX'** --FREIGHT TERMS ARE 3RD
PARTY BILL: Please see billing address below--
**Over 8,000 LBS: Email
freightrouting@staples.com 48 hours prior to
shpg for Routing Instructions !!STAPLES PROMO
PRODUCT'S PO# must be entered in 1st
Reference Field or on Bill of Lading!!

Order Items:

| | |
|------------------------|---------------------------|
| lineNumber: | 1 |
| description: | Black/Luigi Ballpoint Pen |
| lineType: | Reference |
| Quantity: | |
| value: | 5000 |
| uom: | EA |
| ToleranceDetails: | |
| tolerance: | ExactOnly |
| allowPartialShipments: | No |
| unitPrice: | 1.080 |
| lineItemTotal: | 5400.000 |
| requestedShipDate: | 2023-08-15 12:19:26 |
| requestedInHandsDate: | 2023-08-18 12:19:26 |
| Program: | |
| name: | MAYOC |
| endCustomerSalesOrder: | 026829713 |
| productId: | G4051 |
| customerProductId: | W020-15653 |
| lineItemGroupingId: | 1 |
| Parts: | |
| partGroup: | 1 |
| partId: | 00G40510BLK |
| customerSupplied: | No |
| description: | Black/Luigi Ballpoint Pen |

| | |
|---------------------------|---|
| locationLinkId: | 1 |
| Quantity: | |
| value: | 5000 |
| uom: | EA |
| Configuration: | |
| referenceNumber: | 7107642 |
| referenceNumberType: | PurchaseOrder |
| preProductionProof: | No |
| Locations: | |
| locationLinkId: | 1 |
| locationId: | |
| locationName: | Barrel |
| Decorations: | |
| decorationId: | |
| decorationName: | Laser Engraving |
| Artwork: | |
| description: | MAYO CLINIC |
| Dimensions: | |
| geometry: | Other |
| useMaxLocationDimensions: | Yes |
| Layers: | |
| colorSystem: | Pms |
| LayerOrStops: | |
| nameOrNumber: | LASER |
| description: | ENTIRE LOGO |
| color: | LASER |
| fileName: | Art |
| artworkType: | ProductionReady |
| fileLocation: | https://mb.staplespromoproducts.com:443/p/index.php/webshare/973b6acdd081492aba93f73d5404fcf2/false/webshare/973b6acdd081492aba93f73d5404fcf2/Mayo+Clinic+horizontal |
| transportMechanism: | Url |

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|-----------------------|---|
| Terms And Conditions: | Please include a copy of the Packing List with order. Please follow all instructions on order. No deviations are acceptable unless expressly approved. Do not show your company name on any information going to the recipient. Do not include any manufacturer literature in shipment unless expressly requested. Partial deliveries are not authorized without prior approval. We reserve the right to cancel all or in partial shipments not shipped within time specified for delivery. Acknowledge and advise immediately if unable to make shipment as requested. |
| salesChannel: | SPECIAL ORDER |