CORNING U.S. Companies - Supplier Enrollment/Information Update

W-9 Taxpayer Identification for U.S. Companies

The information provided as part of this Package will be entered into Corning's ERP system and will be used for the creation of Purchase Orders and the Payment of valid invoices. Failure to accurately complete all required information will delay processing. For additional information refer to URL: http://www.corning.com/about_us/suppliers/supplier_enrollment.aspx
Today's Date:

Purpose of ______ Current Supplier information update,

Form Submission:		vide Corning's Vendor Id or a #, and a description of change:					
Tax Status/ Legal Entity Name: (complete only one row of boxes - A, B, or C)							
A) Individuals (Fill out this row)	Individual Name (First name, middle initial	last name) Individual's Social Security Number					
B) Sole Proprietor: (Fill out this row)	A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.						
	Business Owner's Name: (REQUIRED) (first, middle, last)	Owner's Social Security Number (SSN) Business or Trade Name (optional)					
	or Employer Identification Number (EIN)						
		—					
C) Corporation,	A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation						
Exempt charity, or other entity: (Fill out this row)	Legal name of corporation or entity	Employer Identification Number (EIN)					
		Are you Incorporated? OYes No					
		D.B.A. or T.A. companies: Attach all of the business names.					
Exemption: If exempt from Form 1099 reporting, check here: AND check your qualifying exemption reason below:							
no exemp health care	on except there is 2. Tax Exempt Charity tion for medical and a payments for (includes 501(c)(3), or payments for ces	3. The United States or any of its agencies or instrumentalities 4. A state, the District of Columbia, 5. A foreign government a possession of the United States, or any of its political subdivisions 5. A foreign government for any of its political subdivisions					
Supplier Web Pag	ge Address (URL):						
Dun & Bradstree	t Number (D&B) (9 digit)	Division					
Section 2: Supp	olier Contact Information						
Specify the Sales Representative and the appropriate contact to address Billing and Payment questions.							
Contact Name		Contact Phone: +1 (999) 999-9999 Contact E-mail					

	Contact Name	Contact Phone: +1 (999) 999-9999	Contact E-mail		
Sales Representative:					
Billing & Payment Inquiries:					
Customer Service:					
Section 3: Purchasing Information					
Name of Corning Buyer/Contact (Required)					
Purchase Order Delivery Method: FAX Number OR E-mail					
(Enter only ONE method) Contact your buyer regarding other options					

Specify the Existing/Active Commercial Agreements you have with Corning? Ocontract ONON Disclosure Ocertificate of Insurance For goods imported into the US, will Corning be the Importer of Record? Oregonal Section 2015 No

Section 4: Remit-To and Buy-From Address Information						
	Send Payment/ Remittance Detail to this Address (address that appears on your invoice)	Your Company's Order Location Physical Address (this can NOT be a PO Box)	Other instructions for Payments or PO Dispatch			
Address (max 4 lines)						
City						
State						
County						
Postal Code						
E-mail		Note: PO's will be faxed or e-mailed per Section 3				

Section 5: Bank Information

Corning Incorporated's preferred payment method in North America to U.S. Companies is ACH (Automated Clearing House)

Select Payment Method*						
If you select an ACH payment method, you must complete the remainder of this section.						
Bank Accoun	t Information	Financial Institution				
Bank Account # (include CLABE)		Name Assigned to Ba (Must match legal enti Bank Name	ank Account			
ACH Routing (ABA Routing - 9 Digits	;)	Branch Name				
Swift Code (8 or 11 digits) CNAPS (Bank Account Type)		Bank Address (max 4 lines)				
International ACH Transact transactions are further forwar another financial institution o States, your transaction need and additional information wi compliance with regulations of States Treasury's Office of F	arded in their entirety to utside the continental United ds to be processed as an IAT Il be obtained to ensure established by the United	City [State/ Province [County [Country [Postal Code [Bank Phone #				
		rning can initiate pa	yments to the bank identified above using the			
payment and remittance option indi Authorized Individual's Name Title	cated.		Date Authorized			
I am a U.S. Person (including a U.S. Resident Alien) O Yes O No						
Use the Submit by e-mail option to create an e-mail to _VendorAdd@corning.com If possible, please submit the completed form via e-mail, our preferred method.						
Use the Print Form option only if you are unable to complete this form electronically						

Fax the completed form to +36 1 481 2301

We have requirements for 'Doing Business with Corning', this information can be found at <u>http://www.corning.com/suppliers/index.aspx.</u> This information includes Corning's T&Cs, Transaction Requirements, Supplier Code of Conduct and how to complete this form.

Additional information not requested on this form can be attached as a separate page