CORNING Supplier Enrollment/Information Update

for Non-US 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 and may cause rejection.

Refer to URL: http://www.corning.com/about_us/suppliers/supplier enrollment.aspx_for additional information.

Today's Date:	Language this form is completed in:						
Section 1: Supplier Information							
Purpose of Form Submission*: New Supplier Enrollment	Current Supplier information update, please provide Corning's Vendor Id or a recent PO #, and a description of change:						
Company Name							
Company Name in English* (max 35 digits)							
Trading As (Doing Business As)							
Division							
Supplier Web Page Address (URL):							
Government ID/Company Reg. No /Chamber of Commerce Registration No.							
Value Added Tax (VAT) Applicable Yes No							
If yes, Home Registration Country: VAT ID							
Dun & Bradstreet Number (D&B) (9 digit)							
Section 2: Supplier Contact Inform	nation						
Specify the Sales Representative and the app	propriate contact to address Billing and Payment questions.						
Sales Representative: Billing & Payment Inquiries: Customer Service:	Contact Phone: +1 (999) 999-9999						
Section 3: Purchasing Information							
Name of Corning Buyer/Contact (*Requi	nly ONE method) Contact your buyer regarding other options						
FAX Number	OR E-mail						
Specify the Existing/Active Commercial Agreements you have with Corning? Ontract Non Disclosure Ocriticate of Insurance							
For goods imported into the US, will Corning be the Importer of Record? Yes No							
Preferred language for Transactions							
Preferred currency for Transactions							

Section 4: Rer	mit-To and B	Buy-From Address Infor	mation					
		ent/ Remittance Detail to this Address t 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								
Country								
Postal Code								
E-mail				PO's will be faxed or e ction 3	-mailed			
Section 5: Bar	nk Informati	on						
Select Payment	Method*							
lfy	you select an	Electronic Payment Trans	sfer meth	od, you must com	olete the re	mainder of this section.		
	Bank Acco	unt Information			<u>Fina</u>	ncial Institution		
Branch ID (or Trans	sit ID)			Name Assigned to Bank Account (Must match legal entity name specified in Section 1)				
SWIFT Code (8 or 11 digits)				Bank Name	rentity name sp	zemed in Section 1)		
Bank Account # (in	nclude CLABE)			Branch Name				
EFT Routing - 9 Dig	gits			Bank Address (max 4 lines)				
Check Digit (2 or 3	digit)							
CNAPS (Bank Acco	ount Type)			City				
IBAN # State/ Province								
				County				
				Country				
				Postal Code				
				Bank Phone #				
		and submitting comple						
The information payment and rem			ree that Co	orning can initiate pa	ryments to t	he bank identified above using the		
Authorized Individ	lual's Name					Date Authorized		
Title								
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.								
Use the Print Form option only if you are unable to complete this form electronically Fax the completed form to +36 1 481 2301								

For this information about doing business with Corning, refer to http://www.corning.com/suppliers/index.aspx. 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