



formerly known as SightLife Surgical

| | |
|----------------|--|
| Federal Tax ID | |
| NAICS | |
| DUNS | |

VENDOR INFORMATION

CorneaGen assigned account #

| | | | |
|----------------------|--|-------------------|--|
| Company Name | | | |
| Physical Address: | | | |
| Mailing Address | | | |
| Phone: | | Fax: | |
| A/R Contact Email | | Remittance Email: | |
| Primary contact name | | Contact Email | |
| Web Address: | | | |

BANKING INFORMATION

| | | | |
|-----------------|------|--------------------------|---|
| Bank Name | | Checking Account Number | |
| Routing Number | | Preferred Payment Method | ACH <input type="checkbox"/> CHECK <input type="checkbox"/> |
| Bank Address | | | |
| Banking Contact | Name | Phone | Email |

CORNEAGEN INFORMATION

CorneaGen standard terms are Net 30 days from invoice. Any billing terms less than 30 days from the invoice date must be pre-approved in writing by CorneaGen. If preferred payment method is check, please anticipate an additional 7-10 business days for receipt of payment. CorneaGen standard purchasing terms and conditions can be accessed here: <https://corneagen.com/po-terms-and-conditions/>

CorneaGen contacts:

Accounts Payable inquiries & statements: AP-CG@corneagen.com

Invoice Submission: invoices@corneagen.com

General Information: info@corneagen.com

SUBMISSION REQUEST

Please submit a copy of your W-9 with your vendor information form to AP-CG@corneagen.com.

For Internal Use Only

| | |
|-----------------------|--|
| Vendor Approved By | |
| GL Account | |
| Department Requesting | |