

Note: All shaded portions are required in legible format All required data and signatures should be on the same form

New Supplier Request/Change Form

(Supplier please fill all highlighted fields below)

	New Supplier Up	date of Supplier Information		
Supplier Name:				
Product/Service to be provided:				_
(Purchasing) Mailing	Address		Remit To Address (if different)	
Address:				<u> </u>
Phone :		AR Contact	Phone:	
E-Mail Address :		AR E-Mail A	t Name :	
				_
Tax ID #			*** REQUIRED ***	
Payment Terms	Net 60	Ver	ndor/Supplier is providing products to FormFactor that include or	ne or more
Payment Method	Check	of t	the following materials: Gold, Tantalum, Tin and/or Tungsten.	
		Cno	eck one box only: Yes No	
		_		
Signature of supplier representative:		_Date:		
or Company stamp: Supplier Representative.				
Supplier Representative.				
	FOR FOR	MFACTOR REQUESTOR TO FILL	OUT	
	INFORMATION BEL	OW IS NEEDED TO IDENTIFY FF OPER	RATING UNIT	
FF Operating unit US 100	SG 550	JP 300	KR 400	
03 100	36 330	3F 300	MX 400	
		•••	e of currency for supplier (USD, Yen, Euro, etc.)	
FFI Requestor Name:	Date:		Supplier provide deliverable Goods or Services? Or Both (G/S/B)	
			l Supplier be ***Critical Supplier (Y/N) e definition below)	
Signature/electronic or written:		(00.		
	FOR FORMFA	CTOR DATA ENTRY ONLY		
Approved By:		Entered By:		<u></u>
	Procurement Management		Authorized Personnel Only	

^{***}Critical Supplier: Raw material, equipment and consumables suppliers that are essential to FormFactor's success and upon whom we have a strong dependence. Included are select Suppliers that likely exhibit one or move of the following characteristics: top spend; sole-source or single-source and provide products of high significance; leaders in technology, quality and performance within their market segment; and Suppliers who are deemed critical to our success and make a significant contribution to us achieving our leadership goals.