

Hexion Canada Inc. 180 East Broad Street Columbus, OH 43215 hexion.com

- Supplier Notification -Supplier Invoice Standard Requirements

Dear Supplier,

Hexion Canada Inc. ("Hexion") is dedicated to implementing strategic improvements in the management of our vendor accounts, allowing us to provide the benefit of more consistent, ontime payments to suppliers. To drive this improvement, it is imperative that we partner with our suppliers to receive and process invoices in the most effective manner. The information detailed below provides the standard invoice requirements for goods and services provided to Hexion. Please review and share this information with all personnel involved in customer invoicing to ensure that your billing systems are updated accordingly.

General Policies:

- Failure to provide accurate and complete invoice detail as outlined in this document may result in payment issues and delays, including rejected or returned invoices.
- All direct material inventory purchases require a Purchase Order.
- All invoices presented to Hexion must reference a valid Purchase Order and a current Hexion employee email address.
- All invoices should be printed in black and white or greyscale with a plain background. Invoices printed in color and on a textured background may degrade scanned image quality resulting in rejection of the invoice.
- All invoices are paid in accordance with the Hexion standard terms and conditions.

Supplier Invoice Requirements:

The following detail is the minimum required on all invoices:

- 1. Supplier company name and address
- 2. Unique invoice number
- 3. Invoice date
- 4. Hexion Bill To address as indicated on the Purchase Order
- 5. Hexion Ship To address where goods were delivered or services were performed

- 6. Valid Hexion Purchase Order number
- 7. Hexion Purchase Order line item number, material part number and line item description as listed on the Purchase Order
- 8. Quantity delivered for each line item in the unit of measure as listed on the Purchase Order
- 9. Unit price for each line item
- 10. Invoice currency as listed on the Purchase Order
- 11. Subtotal of all line items charges, shipping, sales or value added tax, miscellaneous charges as well as invoice total
- 12. Email address of Hexion employee requesting the goods or services
- 13. Supplier remittance address and banking instructions

Supplier Invoice Recommended Fields:

- 14. Federal Tax Identification number
- 15. Valid company Phone Number
- 16. Valid company Email address
- 17. Company Web address

Invoice Submission Guidelines:

- All original invoices should be submitted to <u>Hexion.InvoicesCA@Hexion.com</u>
- All invoices should be submitted only once. Sending duplicate copies of invoices will result in payment issues and delay.
- Invoice images must be submitted in either the PDF (preferred) or TIFF format
- Invoice images must be submitted as a separate and unique file (i.e. one invoice per one file.) Multiple attachments per email is acceptable.
- Invoices should be machine-printed and should not include hand-written or manual alterations
- Credit memos should clearly state "CREDIT MEMO.
- All invoice and account inquiries, including account statement submission, should be sent to <u>AccountsPayable@Hexion.com</u>. Please note that invoices sent to this email address will not be processed.

- Email size cannot exceed 10 megabytes

If you have any questions or concerns, please contact accounts payable by phone at 888-524-8800 Opt 3 or email to <u>AccountsPayable@Hexion.com</u>.

Sincerely,

Hexion Accounts Payable Team

| St C Pi E F | upplier Name reet Address ity, State Zip Code none, Fax mail ederal Tax Identification r 'eb Address | umber | (| 2 INVOICE NO. DATE CUSTOMER ID | May 2, | 2345 2016 3 C123 | |
|---|--|---|--|--|--|---|----------------------|
| | 4 BILL TO | Hexion Inc. Attn: Accounts Payable PO Box XXXXX City, State Zip Code | 5 SHIP TO Hexion Inc. Attn: Hexion Employee Name Street Address City, State Zip Code 12 Hexion Employee@Hexion.com | | | | |
| PURCHASE ORDER | јов | SHIPPING | SHIPPING | SHIP DATE | DELIVERY | PAYMENT | DUE DATE |
| 6 4501234567 | WBS-123-ABC | METHOD | TERMS | | DATE | TERMS | |
| 4301234307 | w D5-123-ABC, | XYZ Carrier | FCA | 2/15/2016 | 2/19/16 | Net 75 Days | 5/4/16 |
| PO LINE ITEM | QTY | UNIT | ITEM # | D | ESCRIPTION | UNIT PRICE | LINE TOTAL |
| 10 | 1,000 | LB | 130684 | Item I | Description as per PO | 10.00 | \$ 10,000.00 |
| 7 20 | 8 300 | EA | 158745 | Item E | Description as per PO | 9 3.00 | \$ 900.00 |
| 30 40 | 20 | EA | 45896 22587 | | Description as per PO Description as per PO | 2.50 | \$ 50.00 \$ 50.00 |
| | | | | | | | |
| tyments should be sent upplier Name reet Address ity, State Zip Code | to: 13 | Banking Instructions: Bank Name Bank Location SWIFT ABA | | Direct billing inquiir SupplierEmail@Supj | | 10 SUBTOTAL SHIPPING SALES TAX (6%) 11 TOTAL (USD) | 250.00 660.00 |