



Finishing Products For The Imaging Industry

Coda, Inc.
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Application For Credit Agreement

Company Information:

Name: Date:
Street Address:
City: State: Zip Code:
Telephone#: Fax#:

Applicant is: Sole Proprietorship Partnership Corporation

Type of Business: Years Established: Annual Sales:

Personal Information:

Owner, Partner or Principal Officer: SS#
Address: Phone:()

Trade References: (application will not be processed without fax numbers)

Name: Account#
Address: City:
State: Zip Code: Phone:() Fax:()

Name: Account#
Address: City:
State: Zip Code: Phone:() Fax:()

Name: Account#
Address: City:
State: Zip Code: Phone:() Fax:()

Bank Reference:

Name: Phone:()
Address: City:
State: Zip Code: Bank Officer:
Checking Account#:

If Corporation Federal ID#

If Partnership/Sole Proprietorship SS#

Signature: Title: Date:

All applicants must agree to Coda's NET 30 TERMS. The applicant authorizes Coda, Inc. to obtain a written or oral credit report and further authorizes any bank or commercial business to give any and all necessary information to the creditor which will assist creditor in the credit investigation. The applicant also authorizes the creditor to reinvestigate the applicant's status from time to time as the creditor deems necessary. In collecting sums due as part of any credit extended on the basis of this application, I/We agree to pay reasonable costs and expenses should legal recourse become necessary, including all attorney fees and court fees.