



C.O.D NEW ACCOUNT FORM

COMPANY NAME

DBA

STREET MAILING ADDRESS

CITY STATE ZIP

SHIP TO ADDRESS IF DIFFERENT

CITY STATE ZIP

ACCOUNTS PAYABLE CONTACT PERSON
TELEPHONE AND EXT #
FAX
FEDERAL ID NUMBER
STATE RESALE NUMBER - STATE (COPY REQ)
EMAIL ADDRESS
WEB SITE ADDRESS

My signature confirms that the information contained here is complete and accurate to the best of my knowledge.

Authorized Signature
Print Name/Title
Date

What to expect within the first 72 hours of getting started with Coda Inc

- All setup paper work, master, & artwork due by day zero by noon
- A PDF proof of your artwork will be sent electronically via email from Coda customer service
- A 50% deposit is required prior to getting started
- Please call 303-680-1101 ext. 236 with any questions you may have