

# USC Customer Information Form

## COMPANY INFORMATION

\*Legal Company Name:

\_\_\_\_\_

Parent Company:

\_\_\_\_\_

Trading Name/DBA:

\_\_\_\_\_

\*Main Company Phone #:

\_\_\_\_\_

Date/Year Incorporated:

\_\_\_\_\_

Using Leasing Company for Financing: ☐ Yes ☐ No

\_\_\_\_\_

\*Tax ID:

\_\_\_\_\_

Website:

\_\_\_\_\_

Requested Credit Limit:

\_\_\_\_\_

\*Nature of Business:

\_\_\_\_\_

Company Type:

\_\_\_\_\_

If Yes, please provide  
Leasing Company Name:

\_\_\_\_\_

☐ NDA Required

☐ Tax Exempt

\*If checked the Tax  
Exempt Form needs  
to be provided.

## COMPANY ADDRESS INFORMATION

### BILL TO ADDRESS

The below address is where the bill/invoice will be sent.

Same As Address:

\_\_\_\_\_

\*Street:

\_\_\_\_\_

\*City:

\_\_\_\_\_

\*State/Province:

\_\_\_\_\_

\*Zip Postal Code:

\_\_\_\_\_

### SOLD TO ADDRESS

The below address is the address of the purchaser.

Same As Address:

\_\_\_\_\_

\*Street:

\_\_\_\_\_

\*City:

\_\_\_\_\_

\*State/Province:

\_\_\_\_\_

\*Zip Postal Code:

\_\_\_\_\_

### United States ACH or Wire Transfer Instructions:

Bank Name: PNC Bank  
Bank Address: Two Tower Center Blvd. FL 23-4  
East Brunswick, NJ 08816  
Account Name: Eastman Kodak Company  
Account Number: 0002446372  
Wire/ACH Routing Number: 043000096  
SWIFT: PNCCUS33  
Remittance to: arkodak@kodak.com

### SHIP TO ADDRESS

The below address is where the purchased product will be sent.

Same As Address:

\_\_\_\_\_

\*Street:

\_\_\_\_\_

\*City:

\_\_\_\_\_

\*State/Province:

\_\_\_\_\_

\*Zip Postal Code:

\_\_\_\_\_

\*Email Address to send invoice  
Preferably a central AP mailbox:

\_\_\_\_\_

### Canada ACH or Wire Transfer Instructions:

Bank Name: Scotia Bank  
Bank Address: Toronto Business Service Centre  
40 King Street West  
Toronto, Ontario M5H 1H1 Canada  
Account Name: Kodak Canada ULC  
Account Number: 476960710512 (CAD)  
Account Number: 476960529117 (USD)  
Bank: 0002  
Transit/Branch: 47696  
SWIFT: NOSCCAT  
Remittance to: arkodak@kodak.com



## COMPANY CONTACTS

### EQUIPMENT/SOFTWARE INSTALLATION CONTACT INFORMATION

Contact Title:

Contact Full Name:

Contact Phone #:

Contact Email:

### BILLINGS/PAYABLE for Kodak Credit Manager to Contact

Contact Title:

Contact Full Name:

Contact Phone #:

Contact Email:

### PURCHASING

Contact Title:

Contact Full Name:

Contact Phone #:

Contact Email:

### ADDITIONAL INFORMATION

\*Phone # for Receiving:

\*Is Appointment Required: ☐ Yes ☐ No

\*Receiving Hours/Delivery Requirements:

Estimated Start Date/Date of First Order:

Comments:

### BILLINGS/PAYABLE

for Kodak Credit Analyst to Contact

Contact Title:

Contact Full Name:

Contact Phone #:

Contact Email:

### OWNER/PRESIDENT/CFO/OTHER

Contact Title:

Contact Full Name:

Contact Phone #:

Contact Email:

### ORDER CONFIRMATION RECIPIENT

Contact Title:

Contact Full Name:

Contact Phone #:

Contact Email:

### SIGNATURE

The above information is provided for consideration toward open credit, as well as account set up. Signature below confirms this to be regarded as true and correct. I understand that financials may be required for review.

The acceptance of this application by Eastman Kodak Company does not constitute an agreement to sell product.

\*Customer Signature:

\*Title of Authorized Representative:

\*Date of Signature:

