

**Fill in this information to identify the case:**

Debtor Multi-Color Corporation

United States Bankruptcy Court for the: \_\_\_\_\_ District of New Jersey  
(State)

Case number 26-10910

**Official Form 410  
Proof of Claim**

**04/25**

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim**

1. <b>Who is the current creditor?</b>	<u>Canon Financial Services, Inc.</u> _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
2. <b>Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. <b>Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Canon Financial Services, Inc.</u> <u>158 Gaither Drive, Suite 200</u> <u>Mt Laurel, NJ 08054, United States</u>  Contact phone <u>8002200200</u> Contact phone _____ Contact email <u>aagrwal@egalawfirm.com</u> Contact email _____  Uniform claim identifier (if you use one): _____	
4. <b>Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
5. <b>Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1691 \_\_\_\_\_

7. How much is the claim? \$ 14698.47. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
Equipment Lease

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature or property:**  
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ 14698.47

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

Up to \$3,800\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

Wages, salaries, or commissions (up to \$17,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/06/2026  
MM / DD / YYYY

/s/Amar A Agrawal  
Signature

Print the name of the person who is completing and signing this claim:

Name Amar A Agrawal  
First name Middle name Last name

Title Attorney for Canon Financial Services, Inc.

Company Eisenberg, Gold and Agrawal, P.C.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1040 N Kings Highway Ste 200, Cherry Hill, NJ, 08034, United States

Contact phone 8563306200 Email aagrawal@egalawfirm.com



# Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1788 | International (310) 751-2688

<b>Debtor:</b> 26-10910 - Multi-Color Corporation <b>District:</b> District of New Jersey, Trenton Division		
<b>Creditor:</b> Canon Financial Services, Inc. 158 Gaither Drive, Suite 200  Mt Laurel, NJ, 08054 United States <b>Phone:</b> 8002200200 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> aagrwal@egalawfirm.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Authorized agent	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Equipment Lease	<b>Last 4 Digits:</b> Yes - 1691	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 14698.47	<b>Includes Interest or Charges:</b> Yes	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Based on Lease:</b> Yes, 14698.47 <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Amar A Agrawal on 06-Mar-2026 12:43:30 p.m. Pacific Time <b>Title:</b> Attorney for Canon Financial Services, Inc. <b>Company:</b> Eisenberg, Gold and Agrawal, P.C. <b>Optional Signature Address:</b> 1040 N Kings Highway Ste 200  Cherry Hill, NJ, 08034 United States <b>Telephone Number:</b> 8563306200 <b>Email:</b> aagrwal@egalawfirm.com		





Canon Solutions America, Inc. ("CSA")  
 One Canon Park, Melville, NY 11747  
 (800) 613-2228

**Master Sales & Services Agreement  
 Customer Information Face Page**

# MA16392

Salesperson: Michael Douglas Ryder Order Date: 6/25/2021

**Customer ("you"):**

Company: MULTI-COLOR CORPORATION			
Address: 21 Executive Way			
City: NAPA		County: NAPA	
State: CA	Zip: 94558	Phone #:	[REDACTED]
Contact: Syed Urrehman		Fax #:	
Email: [REDACTED]			

Applicable Terms and Conditions	Customer Organizational Information
<p><b>TERMS AND CONDITIONS ARE AVAILABLE AT:            ESS.CSA.CANON.COM/CUSTOMERDOCUMENTS</b></p> <p>The CSA customer terms and conditions located at the above website ("Terms") form part of this Agreement. The Terms include general terms, and terms for product and service purchase, maintenance, support and leasing (pursuant to the terms of Rider G); managed print services; and quotes. The Terms applicable to each of your transactions will be referenced in the Order Schedule.</p> <p>By your initials herein and signature below, you understand and acknowledge such Terms and agree to comply with those applicable to each Order Schedule.</p> <p><i>MdH</i>            _____  <b>Customer Initials</b></p>	<p><b>Federal Tax ID Number:</b> [REDACTED]</p> <p><b>Organization type:</b> Corporation</p> <p><b>Address for Notices:</b>            Attn: Syed Urrehman            Address: 21 EXECUTIVE WAY            Address 2:            City: NAPA State: CA Zip: 94558            Email: [REDACTED]</p>

**BY YOUR SIGNATURE BELOW, YOU AGREE TO LEASE, PURSUANT TO THE TERMS OF RIDER G, OR PURCHASE, AS SPECIFIED IN THIS AGREEMENT, THE ITEMS LISTED IN ANY SCHEDULE, RIDER OR ADDENDA (AS APPROVED BY CSA) TO THIS AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, AND AGREE TO ABIDE BY ALL OF THE TERMS AND CONDITIONS OF THIS FACE PAGE, APPLICABLE SCHEDULE(S), RIDER(S) AND SUCH ADDENDA, THE QUOTE, AND THE APPLICABLE TERMS AND CONDITIONS IDENTIFIED ABOVE, ALL OF WHICH IS INCORPORATED HEREIN AND MADE PART OF THIS AGREEMENT.**

Customer's Authorized Signature *Mike Huntsinger*  
 Printed Name Mike Huntsinger Title President Date 6.28.21



Lease Schedule ("Schedule") - Blended (SER-800)

Customer: MULTI-COLOR CORPORATION  
Agreement #: MA16392

CFS App #: 1956992 Salesperson: Michael Douglas Ryder  
Transaction #: S1349241 Order Date: 08/28/23

Canon Solutions America, Inc. ("CSA")  
One Canon Park, Melville, NY 11747  
(800)-613-2228

<b>Billing Information</b> Customer Account:		<b>Equipment Maintenance Information</b>	
Company: MULTI-COLOR CORPORATION		Maintenance included for all Equipment	
DBA:		Excess Per Image Charge Invoiced Monthly by CFS	
Address: 21 EXECUTIVE WAY		Per Unit Coverage Plan	
City: NAPA	County: NAPA	Fixed Price Plan	
State: CA	Zip: 94558	<b>Other Transaction Details</b>	
Contact: Syed Urrehman	Fax #:	Purchase Option: Fair Market Value	
Email:			
Rider A applies (Office Equip/Cut Sheet Production)		<b>Excess Per Image Charge(s)</b>	
		B&W: \$0.009000 Color: \$0.042800	

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date:
3826C002	IRADVDC58501	1	Shipping: 21 EXECUTIVE WAY	08/31/23
4030C002	CASSETTE FEEDING UNIT-AQ1	1	Address 2:	
4032C001	INNER TRAY (1ST COPY TRAY KIT-A1)	1	City: NAPA	State: CA Zip: 94558
4948B122	MEAP WEB CONNECTION KIT V5.8 - ELAN	1	Primary Customer Contact: Syed Urrehman	
2368B120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Phone #:	
3923V843	INSTALL PAK DX C5870/C5860/C5850/C5840	1	Meter Co:	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Phone #:	
			IT Contact:	
			Phone #:	
			Billing:	
			Address 2:	
			City:	County: NAPA
			Billing Contact:	State: Zip:
			Phone #:	
			Elevator: Yes	Loading Dock: Yes
			# of Steps: 0	Hrs of Operation: 9-5

**Additional Requirements:**

Consumables: Toner Only Auto-Toner Fulfillment\*\*  
 Meter Method: Remote Reporting Agent Corporate Advantage  
**For CSA USE ONLY:**  
 Config: A | 75652430

THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS ABOVE ("AGREEMENT"), INCLUDING THE MASTER LEASE TERMS SET FORTH AS RIDER G THERETO WHICH SHALL CONTROL (THE "LEASE TERMS"), TO THE EXTENT THE TERMS OF AN EXISTING CFS MASTER AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE "EXISTING MASTER CFS LEASE") AND ARE APPLICABLE TO THIS SCHEDULE. THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE RIDERS INCORPORATED HEREIN ARE AVAILABLE AT ESS.CSACANON.COM/CUSTOMERDOCUMENTS, AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. THIS SCHEDULE CONSTITUTES A LEASE OF THE LISTED ITEMS, AND IS BINDING ON CUSTOMER UPON SIGNING BY CUSTOMER. AND IS BINDING ON CSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED BY YOUR SIGNATURE. CUSTOMER AGREES TO LEASE THE LISTED ITEMS AND, IF SELECTED, TO PURCHASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE.

Customer Authorized Signature: *Mike Huntsinger* Printed Name: Mike Huntsinger Title: President - Wine Date: 8.29.23

**ACCEPTANCE CERTIFICATE**

To: CSA and Lessor: Customer certifies that (a) the Listed Items referred to in the above Schedule have been received, (b) installation has been completed, (c) the Listed Items have been examined by Customer and are in good operating order and condition and are, in all respects, satisfactory to the Customer, and (d) the Listed Items are irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Schedule.

Authorized Signature: \_\_\_\_\_ Printed Name: Joseph Seawood Title: Documentation Admin Date: 9/5/23

**For Internal Purposes Only:** CFS Authorized Signature: \_\_\_\_\_



Additional Equipment List to: S1349241 (SER-801)

Customer: MULTI-COLOR CORPORATION

Agreement #: MA16392

Order Date: 08/28/23 Salesperson: Michael Douglas Rydler

Rider A applies (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

B&W: 0 Color: 0

B&W: \$0.009000 Color: \$0.042800

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date:
3826C002	IRADVDC5850I	1	Shipping: 21 EXECUTIVE WAY	08/31/23
4030C002	CASSETTE FEEDING UNIT-AQ1	1	Address 2:	
4032C001	INNER TRAY (1ST COPY TRAY KIT-A1)	1	City: NAPA	County: NAPA State: CA Zip: 94558
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Contact: Syed Urrehman	
3923V843	INSTALL PAK DX C5870I/C5860I/C5850I/C5840I	1	Mtr Contact:	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	IT Contact: Syed sYED Urrehman	
			Billing:	
			Address 2:	
			City:	State: Zip:
			Contact:	Ph #: Email:
			Elevator: Yes Loading Dock: Yes # of Steps: 0 Hrs of Operation: 9-5	Auto-Toner Fulfillment**
			Consumables: Toner Only	Corporate Advantage
			Meter Method: Remote Reporting Agent	
			<b>For CSA USE ONLY:</b>	
			Config: B   75652431	

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date:
			Covered Images Included in Payment	Excess Per Image Charge(s)
			Shipping:	
			Address 2:	
			City:	State: Zip:
			Contact:	Ph #: Email:
			Mtr Contact:	Ph #: Email:
			IT Contact:	Ph #: Email:
			Billing:	
			Address 2:	
			City:	State: Zip:
			Contact:	Ph #: Email:
			Elevator: Loading Dock: # of Steps: Hrs of Operation:	
			<b>For CSA USE ONLY:</b>	