

CUSTOMER SERVICE AGREEMENT

_____ (hereinafter "Customer") is entering into this Service Agreement with Cash Flow Management, Inc., a Minnesota Corporation (hereinafter "CFM") upon the following terms and conditions.

The customer hereby appoints CFM as its attorney-in-fact and agent for the limited purposes of executing pre-lien notices, 30 day intent to lien notices, mechanic liens, claims for liens, or related lien claims and to complete the requested declarations of service for and on behalf of the customer. CFM will promptly provide a copy of each pre-lien and/or other related lien notices to the customer.

The services of CFM are designed to provide accurate and timely preparation and service of pre-lien notices and preparation, service and filing related notice of lien claims. With information obtained to complete the service is deemed reliable it is gathered from public records. The accuracy of which cannot be independently confirmed by CFM. Accordingly, customer acknowledges that CFM makes no representations as to the ultimate accuracy of any information contained in the pre-lien notices or related notices of lien claims. CFM and the customer agree to hold each other, their respective officers, agents and employees harmless from any and all claims, loss, damage or injury, including special or consequential damages and attorney's fees, by, resulting from or related to information contained in the service request or the preparation, service and/or recording of pre-lien notices and/or other related notices of lien claims except to the extent such loss or damage is caused by the other's bad faith or willful misconduct.

Customer acknowledges that CFM is not rendering legal, accounting or other professional advice. This agreement and the legal relations between the parties will in all respects be governed by and construed solely in accordance with the laws of the State of Minnesota.

It is acknowledged and understood that the payments terms between parties is net 10 days, unless otherwise written. Prices quoted: Pre-liens \$ _____, Liens \$ _____.

DATE: _____

Customer: _____

Accepted By: _____

Cash Flow Management, Inc.
P.O. Box 576
Stillwater, MN 55082
(651) 430-9999
Fax (651) 430-1494

Authorized Officer and/or Agent for:

Telephone: _____

Fax: _____

MECHANIC LIEN ORDER SHEET

ORDERED BY: _____
PHONE#: _____

First Date: _____ Last Date: _____

Materials and/or labor supplied: _____

Prelien notice sent: _____ (forward a copy of prelien and certified slip,
unless we sent out for your company)

Subcontractor _____
Address: _____

Property Address: _____
County _____ PID _____
LEGAL _____

Lien Amount \$ _____

Owner _____
Address: _____

IN FAVOR OF: _____

Please supply as much information as you can above .
Cash Flow Management, Inc.
(651) 430-9999 and fax (651) 430-1494

PRELIEN ORDER SHEET

Cash Flow Management, Inc.
P.O. Box 576 Stillwater, MN 55082
(651) 430-9999 Fax (651) 430-1494

DATE: _____

COMPANY: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER : _____

Job No. _____ Contracted with Builder _____ Contracted with Owner _____

Contracted with Customer name _____

First date materials delivered _____ Price of materials sent \$ _____

Site address _____

City: _____ County: _____

Owner's name (if available) _____

Owner's Address (if available) _____

Builder's name (if available) _____

PID# (if available) _____

Legal description (if available) _____

Job No. _____ Contracted with Builder _____ Contracted with Owner _____

Contracted with Customer name _____

First date materials delivered _____ Price of materials sent \$ _____

Site address _____

City: _____ County: _____

Owner's name (if available) _____

Owner's Address (if available) _____

Builder's name (if available) _____

PID# (if available) _____

Legal description (if available) _____

Job No. _____ **Contracted with Builder** _____ **Contracted with Owner** _____

Contracted with Customer name _____

First date materials delivered _____ Price of materials sent \$ _____

Site address _____

City: _____ County: _____

Owner's name (if available) _____

Owner's Address (if available) _____

Builder's name (if available) _____

PID# (if available) _____

Legal description (if available) _____

Job No. _____ **Contracted with Builder** _____ **Contracted with Owner** _____

Contracted with Customer name _____

First date materials delivered _____ Price of materials sent \$ _____

Site address _____

City: _____ County: _____

Owner's name (if available) _____

Owner's Address (if available) _____

Builder's name (if available) _____

PID# (if available) _____

Legal description (if available) _____

Job No. _____ **Contracted with Builder** _____ **Contracted with Owner** _____

Contracted with Customer name _____

First date materials delivered _____ Price of materials sent \$ _____

Site address _____

City: _____ County: _____

Owner's name (if available) _____

Owner's Address (if available) _____

Builder's name (if available) _____

PID# (if available) _____

Legal description (if available) _____

Cash Flow Management, Inc.

P.O. Box 576

Stillwater, MN 55082

(651) 430-9999

Fax (651) 430-1494

CLIENT SET-UP INFORMATION

Company name _____

Address _____

City _____ State _____ Zip Code _____

Phone number (_____) _____ Fax (_____) _____

Is your company a Corporation.....Partnership.....Sole Proprietorship (circle one).....

State company is organized under _____

Person authorized to sign lien waivers, etc. _____

Title of same person _____

What type of work does your company do? _____

Is your company a Supplier.....Sub-contractor.....General Contractor.....(circle one).....

Or other _____ (please list)

Email Address: _____

ADDITIONAL BRANCH OFFICE INFORMATION

Address _____

City _____ State _____ Zip Code _____

Phone number (_____) _____

Person authorized to sign lien waivers _____

Title of same person _____

ADDITIONAL BRANCH OFFICE INFORMATION

Address _____

City _____ State _____ Zip Code _____

Phone number (_____) _____

Person authorized to sign lien waivers _____

Title of same person _____

**Cash Flow Management Inc.
Collection Program**

**Commission Rates – All Accounts are Placed on a
Contingent Fee Basis Only**

Placements Over \$2,000 25%
Placements Under \$2,000 30%

All accounts over one year delinquent or out of business will be at 35%

NSF checks: If Cash Flow Management Inc. is able to collect maximum civil penalties, that will be accepted as payment of commission, otherwise the above commission schedule will apply.

Placements forwarded to an attorney on your behalf will be at 35%. Cash Flow Management Inc. will front all legal costs on collection accounts forwarded to an attorney. Costs to be reimbursed upon collection.

CONTRACT:

All accounts placed with Cash Flow Management Inc. will be justly due and accepted at the above rates. The agreed upon rate will be applied to all payments made to Cash Flow Management Inc. and payments made directly to Client. Client will furnish all proper documents to assist in the collection.

Cash Flow Management Inc. is authorized to receive payments and endorse checks, money orders or notes and deposit in a trust account on Client’s behalf. Cash Flow Management Inc. is also authorized to act as attorney in fact for the Business, to commence, prosecute, defend, satisfy or settle any claim or cause of action brought by or against said Business in Conciliation Court in the States of Minnesota or Wisconsin, and to execute on behalf of the Business any and all documents and pleadings necessary to accomplish said purpose.

Customer acknowledges that CFM is not rendering legal, accounting or other professional advice. This agreement and the legal relations between the parties will in all respects be governed by and construed solely in accordance with the laws of the State of Minnesota.

Cash Flow Management Inc.

Client Company Name: _____
(Previously referred to as Business)

By: _____

By: _____

Date: _____

Date: _____

BONDED BY: United Pacific Insurance Company
INSURED BY: Lloyd’s, London
MEMBER: American Collectors Association
LICENSED IN: Minnesota

Cash Flow Management Inc. Fax: 651-430-1494 Office: 651-430-9999/888-651-2802

Collection Program Order Form

Cash Flow Management Inc. Account Number: _____

Debtor: _____

Corporation__ Partnership__ Sole Proprietor__ Individual__

Address: _____

City, State, Zip: _____

Phone # _____ Cell Phone# _____

Fax# _____

Contact: _____

Owner: _____

Amount Due: _____

Products/Services Supplied: _____

Is this an NSF check: _____

Has a demand notice been sent: _____

(Please attach copy if sent)

Is there a contract: _____

Is this in dispute: _____

Please send or fax all relevant documentation (ie: Contracts, credit applications, invoices, delivery tickets, change orders and correspondence.)