

Norflow Inc
9333 SE Alansa Dr. #300
Clackamas OR 97015
accounting@norflowinc.com
503-657-4066
Fax 503-657-4066

Company Name _____
Address _____
City _____ State _____
Zip Code _____
Phone Number (____) _____
Fax Number (____) _____

Billing Address _____ City _____
State _____ Zip Code _____
Phone Number (____) _____

Check One Corporation in State of _____ Partnership Proprietorship

Officers/Owners Name _____
Home Address _____
City _____ State _____ Zip Code _____
Phone #(____) _____

Officers/Owners Name _____
Home Address _____
City _____ State _____ Zip Code _____
Phone #(____) _____

Bank References
Bank Name _____
Address _____
City _____ State _____
Zip Code _____
Phone # (____) _____
Bank Officer _____

Trade References:

Name _____
Address _____ City _____ State _____ Zip _____
Code _____ Phone# (____) _____

Name _____
Address _____ City _____ State _____ Zip _____
Code _____ Phone# (____) _____

Name _____
Address _____ City _____ State _____ Zip _____
Code _____ Phone# (____) _____

List all persons authorized to sign for account

Name _____
Signature _____
(Print) _____
Name _____
Signature _____
(Print) _____
Name _____
Signature _____
(Print) _____

Agreement:

Interest will be charged by Norflow Inc. in the collection of past due amounts and monthly thereafter at the rate of 1.5% (18% annual rate). Account holder agrees to pay all cost of collection, court cost, reasonable attorney's fees, and any other expense incurred by Norflow Inc. in the collection of past due amounts. Norflow Inc. reserves the right to close your account at any time. Signature indicates that the supplied information is true and correct, and that your company will comply with the terms provided by Norflow Inc.

Personal Guarantee – I (we) the undersigned in consideration of Norflow Inc. extend credit to _____ hereby personally, and jointly and severally guarantee payment of all debts incurred by _____ to include but not limited to legal and collection costs incurred.

Name _____
Signature _____
(Print Name) _____
Title _____ Date _____
Home Address _____
City _____ State _____
Phone # (____) _____

Witness Name(Print) _____

Witness Signature _____