



FP Mailing Solutions
 140 N. Mitchell Ct, Ste 200
 Addison, IL 60101-5629
 Tel: (800) 341-6052
 www.fp-usa.com

Customer Agreement

CUSTOMER INFORMATION

Billing Address	
Customer: Effingham County	
Department: Board of Commissioners	
Street: 804 S Laurel Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329
Tel: 912-754-2123	Fax:
E-mail: accounts payable@effinghamcounty.org	
Contact Name: Alison Bruton	
Deliver To: <input checked="" type="checkbox"/> Dealer <input type="checkbox"/> Customer <input type="checkbox"/> Fulfilled from Dealer Inventory	
<input type="checkbox"/> Existing Customers Only: check box if Billing Address has changed.	

Shipping & Installation Address (if different than Billing)	
Customer: Effingham County	
Department: Board of Commissioners	
Street: 804 S Laurel Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329-9235
Tel:	Fax:
E-mail: mbarnes@effinghamcounty.org	
Contact Name: Mark Barnes	
Mailing Address: <input type="checkbox"/> Same as Billing	
<input type="checkbox"/> Existing Customers Only: check box if Shipping & Install Address has changed.	

RENTAL INFORMATION

Quantity	Item #	Item Description	Monthly Rate	Rental Billing Delivery (select one)
1	P500C/PINBASE25	PostBase Insight i2 IMI Meter & Base	included	<input type="checkbox"/> Electronic Billing
1	UNL & RGPOST	Unlimited Resets & RateGuard	included	<input checked="" type="checkbox"/> Paper Billing
1	PMANSEAL	Manual Sealer	included	Rental Billing Frequency (select one)
1	FPPSUSPS	Parcel Shipping: Single User, USPS	included	<input type="checkbox"/> Annual Billing
1	PMAINT	Pass Through Maintenance	included	<input type="checkbox"/> Semi-Annual
				<input checked="" type="checkbox"/> Quarterly Billing
Term of Contract: <u>36</u> months*			Total Monthly Payment	\$36.45
Note: If a payment option is not selected, FP will default to Quarterly Paper Billing.				

Terms and Conditions: By signing below, I hereby acknowledge and agree that FP's standard shipping rates and the additional terms and conditions available on the FP website at www.fp-usa.com/terms-conditions are applicable to, and incorporated by reference into, this agreement. (If you do not have access to the internet, please contact FP directly at 800.341.6052 and we will provide you with a copy for your records.) * 36 Month Initial Term will apply unless otherwise indicated above.

CUSTOMER ACCEPTANCE (please complete all fields)

Customer Acceptance of Terms		Dealer Information	
Print Name of Authorized Representative:		Selling Dealer Name: Digital Office Equipment	Dealer #: 8480
Tel:		Address: 10929 US Hwy 301 S., Statesboro, GA 30458	
Tax ID:	State:	Tel: 912-489-6964	Fax: 912-489-4710
Authorized Signature: <i>X Wesley M. Cobitts</i>		Sales Representative Name: Wade Morgan	
Date: <u>04/19/2022</u>		Servicing Dealer Name: Digital Office Equipment Svc. Dealer #: 8480	

DEALER & INTERNAL USE ONLY

<input type="checkbox"/> New Customer	<input type="checkbox"/> Lease Company: _____	Promo Code: _____
<input checked="" type="checkbox"/> Upgrade / Model Change	<input checked="" type="checkbox"/> Major Account: <u>GA-SPOFGA</u>	Package Code: <u>PI2A</u>
<input type="checkbox"/> Renewal (no change of equipment)	<input type="checkbox"/> GSA / State Contract No.: _____	<input type="checkbox"/> Price or Terms Exception Approval (Form Attached)
<input type="checkbox"/> Coterminous Add-On: _____	Master Billing Acct. No.: _____	<input type="checkbox"/> USPS® Location: (CPU Letter Attached)
<input type="checkbox"/> Change of Ownership	Master Postage Acct. No.: _____	<input type="checkbox"/> Tax-Exempt (Certificate Attached)
Existing Account No.: <u>600058092</u>		



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Customer Agreement

CUSTOMER INFORMATION

Billing Address	
Customer: Effingham County	
Department: Probate and Magistrate Court	
Street: 804 S Laurel Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329
Tel: 912-754-2123	Fax:
E-mail: accountspayable@effinghamcounty.org	
Contact Name: Alison Bruton	
Deliver To: <input checked="" type="checkbox"/> Dealer <input type="checkbox"/> Customer <input type="checkbox"/> Fulfilled from Dealer Inventory	
<input type="checkbox"/> Existing Customers Only: check box if Billing Address has changed.	

Shipping & Installation Address (if different than Billing)	
Customer: Effingham County	
Department: Probate and Magistrate Court	
Street: 700 N Pine Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329-5139
Tel:	Fax:
E-mail: rsexton@effinghamcounty.org	
Contact Name: Rhonda Sexton	
Mailing Address: <input type="checkbox"/> Same as Billing	
<input type="checkbox"/> Existing Customers Only: check box if Shipping & Install Address has changed.	

RENTAL INFORMATION

Quantity	Item #	Item Description	Monthly Rate	Rental Billing Delivery (select one)
1	P500C/PINBASE25	PostBase Insight i2 IMI Meter & Base	included	<input type="checkbox"/> Electronic Billing
1	UNL & RGPOST	Unlimited Resets & RateGuard	included	<input checked="" type="checkbox"/> Paper Billing
1	PMANSEAL	Manual Sealer	included	Rental Billing Frequency (select one)
1	FPPSUSPS	Parcel Shipping: Single User, USPS	included	<input type="checkbox"/> Annual Billing
1	PMAINT	Pass Through Maintenance	included	<input type="checkbox"/> Semi-Annual
				<input checked="" type="checkbox"/> Quarterly Billing
Term of Contract: <u>36</u> months*			Total Monthly Payment	\$36.45
				Note: If a payment option is not selected, FP will default to Quarterly Paper Billing.

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CUSTOMER ACCEPTANCE (please complete all fields)

Customer Acceptance of Terms		Dealer Information	
Print Name of Authorized Representative:		Selling Dealer Name: Digital Office Equipment	Dealer #: 8480
Tel:		Address: 10929 US Hwy 301 S., Statesboro, GA 30458	
Tax ID:	State:	Tel: 912-489-6964	Fax: 912-489-4710
Authorized Signature: <i>X Wesley M. Carbutt</i>		Sales Representative Name: Wade Morgan	
Date: 04/19/2022		Servicing Dealer Name: Digital Office Equipment Svc. Dealer #: 8480	

DEALER & INTERNAL USE ONLY

<input type="checkbox"/> New Customer	<input type="checkbox"/> Lease Company: _____	Promo Code: _____
<input checked="" type="checkbox"/> Upgrade / Model Change	<input checked="" type="checkbox"/> Major Account: GA-SPOFGA	Package Code: P12A
<input type="checkbox"/> Renewal (no change of equipment)	<input type="checkbox"/> GSA / State Contract No.: _____	<input type="checkbox"/> Price or Terms Exception Approval (Form Attached)
<input type="checkbox"/> Coterminal Add-On: _____	Master Billing Acct. No.: _____	<input type="checkbox"/> USPS® Location: (CPU Letter Attached)
<input type="checkbox"/> Change of Ownership	Master Postage Acct. No.: _____	<input type="checkbox"/> Tax-Exempt (Certificate Attached)
Existing Account No.: 600058100		



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Customer Agreement

CUSTOMER INFORMATION

Billing Address	
Customer: Effingham County	
Department: Tax Commissioner	
Street: 804 S Laurel Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329
Tel: 912-754-2123	Fax:
E-mail: accountspayable@effinghamcounty.org	
Contact Name: Alison Bruton	
Deliver To: <input checked="" type="checkbox"/> Dealer <input type="checkbox"/> Customer <input type="checkbox"/> Fulfilled from Dealer Inventory	
<input type="checkbox"/> Existing Customers Only: check box if Billing Address has changed.	

Shipping & Installation Address (if different than Billing)	
Customer: Effingham County	
Department: Tax Commissioner	
Street: 901 N Pine Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329-4520
Tel:	Fax:
E-mail: lmcDaniel@effinghamcounty.org	
Contact Name: Linda McDaniel	
Mailing Address: <input type="checkbox"/> Same as Billing	
<input type="checkbox"/> Existing Customers Only: check box if Shipping & Install Address has changed.	

RENTAL INFORMATION

Quantity	Item #	Item Description	Monthly Rate	Rental Billing Delivery (select one)
1	P500C/PINBASE25	PostBase Insight i2 IMI Meter & Base	included	<input type="checkbox"/> Electronic Billing
1	UNL & RGPOST	Unlimited Resets & RateGuard	included	<input checked="" type="checkbox"/> Paper Billing
1	PMANSEAL	Manual Sealer	included	Rental Billing Frequency (select one)
1	FPPSUSPS	Parcel Shipping: Single User, USPS	included	<input type="checkbox"/> Annual Billing
1	PMAINT	Pass Through Maintenance	included	<input type="checkbox"/> Semi-Annual
				<input checked="" type="checkbox"/> Quarterly Billing
Term of Contract: <u>36</u> months*			Total Monthly Payment	\$36.45
				Note: If a payment option is not selected, FP will default to Quarterly Paper Billing.

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CUSTOMER ACCEPTANCE (please complete all fields)

Customer Acceptance of Terms		Dealer Information	
Print Name of Authorized Representative:		Selling Dealer Name: Digital Office Equipment	Dealer #: 8480
Tel:		Address: 10929 US Hwy 301 S., Statesboro, GA 30458	
Tax ID:	State:	Tel: 912-489-6964	Fax: 912-489-4710
Authorized Signature: <i>X Wesley M. Cabott</i>		Sales Representative Name: Wade Morgan	
Date: <u>04/19/2022</u>		Servicing Dealer Name: Digital Office Equipment	Svc. Dealer #: 8480

DEALER & INTERNAL USE ONLY

<input type="checkbox"/> New Customer	<input type="checkbox"/> Lease Company: _____	Promo Code: _____
<input checked="" type="checkbox"/> Upgrade / Model Change	<input checked="" type="checkbox"/> Major Account: <u>GA-SPOFGA</u>	Package Code: <u>PI2A</u>
<input type="checkbox"/> Renewal (no change of equipment)	<input type="checkbox"/> GSA / State Contract No.: _____	<input type="checkbox"/> Price or Terms Exception Approval (Form Attached)
<input type="checkbox"/> Coterminal Add-On: _____	Master Billing Acct. No.: _____	<input type="checkbox"/> USPS® Location: (CPU Letter Attached)
<input type="checkbox"/> Change of Ownership	Master Postage Acct. No.: _____	<input type="checkbox"/> Tax-Exempt (Certificate Attached)
Existing Account No.: <u>600060222</u>		



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CUSTOMER INFORMATION

Billing Address	
Customer: Effingham County	
Department: Tax Commissioner	
Street: 804 S Laurel Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329
Tel: 912-754-2123	Fax:
E-mail: accountspayable@effinghamcounty.org	
Contact Name: Alison Bruton	
Deliver To: <input checked="" type="checkbox"/> Dealer <input type="checkbox"/> Customer <input type="checkbox"/> Fulfilled from Dealer Inventory	
<input type="checkbox"/> Existing Customers Only: check box if Billing Address has changed.	

Shipping & Installation Address (if different than Billing)	
Customer: Effingham County	
Department: Tax Commissioner	
Street: 901 N Pine Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329-4520
Tel:	Fax:
E-mail: lmcDaniel@effinghamcounty.org	
Contact Name: Linda McDaniel	
Mailing Address: <input type="checkbox"/> Same as Billing	
<input type="checkbox"/> Existing Customers Only: check box if Shipping & Install Address has changed.	

RENTAL INFORMATION

Quantity	Item #	Item Description	Monthly Rate	Rental Billing Delivery (select one)
1	P500C/PINBASE25	PostBase Insight i2 IMI Meter & Base	included	<input type="checkbox"/> Electronic Billing
1	UNL & RGPOST	Unlimited Resets & RateGuard	included	<input checked="" type="checkbox"/> Paper Billing
1	PMANSEAL	Manual Sealer	included	Rental Billing Frequency (select one)
1	FPPSUSPS	Parcel Shipping: Single User, USPS	included	<input type="checkbox"/> Annual Billing
1	PMAINT	Pass Through Maintenance	included	<input type="checkbox"/> Semi-Annual
				<input checked="" type="checkbox"/> Quarterly Billing
Term of Contract: <u>36</u> months*			Total Monthly Payment	\$36.45
				Note: If a payment option is not selected, FP will default to Quarterly Paper Billing.

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CUSTOMER ACCEPTANCE (please complete all fields)

Customer Acceptance of Terms		Dealer Information	
Print Name of Authorized Representative:		Selling Dealer Name: Digital Office Equipment	Dealer #: 8480
Tel:		Address: 10929 US Hwy 301 S., Statesboro, GA 30458	
Tax ID:	State:	Tel: 912-489-6964	Fax: 912-489-4710
Authorized Signature: <i>X Wesley M. Carter</i>		Sales Representative Name: Wade Morgan	
Date: <u>04/19/2022</u>		Servicing Dealer Name: Digital Office Equipment Svc. Dealer #: 8480	

DEALER & INTERNAL USE ONLY

<input type="checkbox"/> New Customer	<input type="checkbox"/> Lease Company: _____	Promo Code: _____
<input checked="" type="checkbox"/> Upgrade / Model Change	<input checked="" type="checkbox"/> Major Account: <u>GA-SPOFGA</u>	Package Code: <u>P12A</u>
<input type="checkbox"/> Renewal (no change of equipment)	<input type="checkbox"/> GSA / State Contract No.: _____	<input type="checkbox"/> Price or Terms Exception Approval (Form Attached)
<input type="checkbox"/> Coterminal Add-On: _____	Master Billing Acct. No.: _____	<input type="checkbox"/> USPS® Location: (CPU Letter Attached)
<input type="checkbox"/> Change of Ownership	Master Postage Acct. No.: _____	<input type="checkbox"/> Tax-Exempt (Certificate Attached)
Existing Account No.: <u>600060222</u>		



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Customer Agreement

CUSTOMER INFORMATION

Billing Address	
Customer: Effingham County	
Department: Tax Assessors	
Street: 804 S Laurel Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329
Tel: 912-754-2123	Fax:
E-mail: accountspayable@effinghamcounty.org	
Contact Name: Alison Bruton	
Deliver To: <input checked="" type="checkbox"/> Dealer <input type="checkbox"/> Customer <input type="checkbox"/> Fulfilled from Dealer Inventory	
<input type="checkbox"/> Existing Customers Only: check box if Billing Address has changed.	

Shipping & Installation Address (if different than Billing)	
Customer: Effingham County	
Department: Tax Assessors	
Street: 901 N Pine Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329-4521
Tel:	Fax:
E-mail: ngroover@effinghamcounty.org	
Contact Name: Neal Groover	
Mailing Address: <input type="checkbox"/> Same as Billing	
<input type="checkbox"/> Existing Customers Only: check box if Shipping & Install Address has changed.	

RENTAL INFORMATION

Quantity	Item #	Item Description	Monthly Rate	Rental Billing Delivery (select one)
1	P500C/PINBASE25	PostBase Insight i2 IMI Meter & Base	included	<input type="checkbox"/> Electronic Billing
1	UNL & RGPOST	Unlimited Resets & RateGuard	included	<input checked="" type="checkbox"/> Paper Billing
1	PMANSEAL	Manual Sealer	included	Rental Billing Frequency (select one)
1	FPPSUSPS	Parcel Shipping: Single User, USPS	included	<input type="checkbox"/> Annual Billing
1	PMAINT	Pass Through Maintenance	included	<input type="checkbox"/> Semi-Annual
				<input checked="" type="checkbox"/> Quarterly Billing
Term of Contract: <u>36</u> months*			Total Monthly Payment	\$36.54
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CUSTOMER ACCEPTANCE (please complete all fields)

Customer Acceptance of Terms		Dealer Information	
Print Name of Authorized Representative:		Selling Dealer Name: Digital Office Equipment Dealer #: 8480	
Tel:		Address: 10929 US Hwy 301 S., Statesboro, GA 30458	
Tax ID:	State:	Tel: 912-489-6964	Fax: 912-489-4710
Authorized Signature: <u>X</u> <i>Wade Morgan</i>		Sales Representative Name: Wade Morgan	
Date: <u>04/19/2022</u>		Servicing Dealer Name: Digital Office Equipment Svc. Dealer #: 8480	

DEALER & INTERNAL USE ONLY

<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Upgrade / Model Change <input type="checkbox"/> Renewal (no change of equipment) <input type="checkbox"/> Coterminous Add-On: _____ <input type="checkbox"/> Change of Ownership Existing Account No.: <u>600058090</u>	<input type="checkbox"/> Lease Company: _____ <input checked="" type="checkbox"/> Major Account: <u>GA-SPOFGA</u> <input type="checkbox"/> GSA / State Contract No.: _____ Master Billing Acct. No.: _____ Master Postage Acct. No.: _____	Promo Code: _____ Package Code: <u>P12A</u> <input type="checkbox"/> Price or Terms Exception Approval (Form Attached) <input type="checkbox"/> USPS® Location: (CPU Letter Attached) <input type="checkbox"/> Tax-Exempt (Certificate Attached)
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Customer Agreement

CUSTOMER INFORMATION

Billing Address	
Customer: Effingham County	
Department: Superior Court	
Street: 804 S Laurel Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329
Tel: 912-754-2123	Fax:
E-mail: accountspayable@effinghamcounty.org	
Contact Name: Alison Bruton	
Deliver To: <input checked="" type="checkbox"/> Dealer <input type="checkbox"/> Customer <input type="checkbox"/> Fulfilled from Dealer Inventory	
<input type="checkbox"/> Existing Customers Only: check box if Billing Address has changed.	

Shipping & Installation Address (if different than Billing)	
Customer: Effingham County	
Department: Superior Court	
Street: 700 N Pine Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329-5088
Tel:	Fax:
E-mail: jbragg@effinghamcounty.org	
Contact Name: Jason Bragg	
Mailing Address: <input type="checkbox"/> Same as Billing	
<input type="checkbox"/> Existing Customers Only: check box if Shipping & Install Address has changed.	

RENTAL INFORMATION

Quantity	Item #	Item Description	Monthly Rate	Rental Billing Delivery (select one)
1	P500C/PINBASE25	PostBase Insight i2 IMI Meter & Base	included	<input type="checkbox"/> Electronic Billing
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1	FPPSUSPS	Parcel Shipping: Single User, USPS	included	<input type="checkbox"/> Annual Billing
1	PMAINT	Pass Through Maintenance	included	<input type="checkbox"/> Semi-Annual
				<input checked="" type="checkbox"/> Quarterly Billing
Term of Contract: <u>36</u> months*			Total Monthly Payment	\$36.45
				Note: If a payment option is not selected, FP will default to Quarterly Paper Billing.

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CUSTOMER ACCEPTANCE (please complete all fields)

Customer Acceptance of Terms		Dealer Information	
Print Name of Authorized Representative:		Selling Dealer Name: Digital Office Equipment	Dealer #: 8480
Tel:		Address: 10929 US Hwy 301 S., Statesboro, GA 30458	
Tax ID:	State:	Tel: 912-489-6964	Fax: 912-489-4710
Authorized Signature: <i>X Wesley M. Collett</i>		Sales Representative Name: Wade Morgan	
Date: <u>04/19/2022</u>		Servicing Dealer Name: Digital Office Equipment	Svc. Dealer #: 8480

DEALER & INTERNAL USE ONLY

<input type="checkbox"/> New Customer	<input type="checkbox"/> Lease Company: _____	Promo Code: _____
<input checked="" type="checkbox"/> Upgrade / Model Change	<input checked="" type="checkbox"/> Major Account: <u>GA-SPOFGA</u>	Package Code: <u>P12A</u>
<input type="checkbox"/> Renewal (no change of equipment)	<input type="checkbox"/> GSA / State Contract No.: _____	<input type="checkbox"/> Price or Terms Exception Approval (Form Attached)
<input type="checkbox"/> Coterminous Add-On: _____	Master Billing Acct. No.: _____	<input type="checkbox"/> USPS® Location: (CPU Letter Attached)
<input type="checkbox"/> Change of Ownership	Master Postage Acct. No.: _____	<input type="checkbox"/> Tax-Exempt (Certificate Attached)
Existing Account No.: <u>600058091</u>		



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CUSTOMER INFORMATION

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Customer: Effingham County	
Department: Elections and Registrars	
Street: 804 S Laurel Street	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329
Tel: 912-754-2123	Fax:
E-mail: accountspayable@effinghamcounty.org	
Contact Name: Alison Bruton	
Deliver To: <input checked="" type="checkbox"/> Dealer <input type="checkbox"/> Customer <input type="checkbox"/> Fulfilled from Dealer Inventory	
<input type="checkbox"/> Existing Customers Only: check box if Billing Address has changed.	

Shipping & Installation Address (if different than Billing)	
Customer: Effingham County	
Department: Elections and Registrars	
Street: 284 Highway 119 S	
City: Springfield	County: Effingham
State: Georgia	Zip: 31329-3081
Tel:	Fax:
E-mail: ochapman@effinghamcounty.org	
Contact Name: Olivia Chapman	
Mailing Address: <input type="checkbox"/> Same as Billing	
<input type="checkbox"/> Existing Customers Only: check box if Shipping & Install Address has changed.	

RENTAL INFORMATION

Quantity	Item #	Item Description	Monthly Rate	Rental Billing Delivery (select one)
1	P500C/PINBASE25	PostBase Insight i2 IMI Meter & Base	included	<input type="checkbox"/> Electronic Billing
1	UNL & RGPOST	Unlimited Resets & RateGuard	included	<input checked="" type="checkbox"/> Paper Billing
1	PMANSEAL	Manual Sealer	included	Rental Billing Frequency (select one)
1	FPPSUSPS	Parcel Shipping: Single User, USPS	included	<input type="checkbox"/> Annual Billing
1	PMAINT	Pass Through Maintenance	included	<input type="checkbox"/> Semi-Annual
				<input checked="" type="checkbox"/> Quarterly Billing
Term of Contract: <u>36</u> months*			Total Monthly Payment	\$36.54
Note: If a payment option is not selected, FP will default to Quarterly Paper Billing.				

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Customer Acceptance of Terms		Dealer Information	
Print Name of Authorized Representative:		Selling Dealer Name: Digital Office Equipment	Dealer #: 8480
Tel:		Address: 10929 US Hwy 301 S., Statesboro, GA 30458	
Tax ID:	State:	Tel: 912-489-6964	Fax: 912-489-4710
Authorized Signature: <i>X Wesley M. Curtis</i>		Sales Representative Name: Wade Morgan	
Date: 04/19/2022		Servicing Dealer Name: Digital Office Equipment	Svc. Dealer #: 8480

DEALER & INTERNAL USE ONLY

<input type="checkbox"/> New Customer	<input type="checkbox"/> Lease Company: _____	Promo Code: _____
<input checked="" type="checkbox"/> Upgrade / Model Change	<input checked="" type="checkbox"/> Major Account: GA-SPOFGA	Package Code: P12A
<input type="checkbox"/> Renewal (no change of equipment)	<input type="checkbox"/> GSA / State Contract No.: _____	<input type="checkbox"/> Price or Terms Exception Approval (Form Attached)
<input type="checkbox"/> Coterminal Add-On: _____	Master Billing Acct. No.: _____	<input type="checkbox"/> USPS® Location: (CPU Letter Attached)
<input type="checkbox"/> Change of Ownership	Master Postage Acct. No.: _____	<input type="checkbox"/> Tax-Exempt (Certificate Attached)
Existing Account No.: 600058089		