

Customer Agreement

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

CUSTOMER	INFORMATION							
Billing Address				Shipping & Installation Address (if different than Billing)				
Customer: Effingham County				Customer: Effinghham County				
Department:Tax Commissioner				Department: Tax Commissioner				
Street: 804 S Laurel Street				Street:901 N Pine Street				
City:Springfield County:			ingham	City:Springfield			County: Effingham	
State:Georgia		Zip:31329			State:Georgia		Zip:31329-4520	
Tel:912-	754-2123	Fax:	Tel:				Fax:	
E-mail:accountspayable@effinghamcounty.or				E-mail:Imcdaniel@effinghamcounty.org				
Contact Name: Alison Bruton				Contact Name:Linda McDaniel				
Deliver To: ☑ Dealer ☐ Customer ☐ Fulfille			d from Dealer Inventory	Mailing Address: ☐ Same as Billing				
☐ Existing Customers Only: check box if Billing Addres			s has changed.	☐ Existing Customers Only: check box if Shipping & Install Address has changed				
RENTAL INF	ORMATION							
Quantity	Item # Item Description				Monthly Rate	F	Rental Billing Delivery (select one)	
1	P500C/PINBASE25	PostBase	Insight i2 IMI Mete	included		☐ Electronic Billing		
1	UNL & RGPOST	Unlimited Resets & RateGuard			included		✓ Paper Billing	
1	PMANSEAL	1	Manual Sealer		included	Re	ental Billing Frequency (select one)	
1	FPPSUSPS	Parcel Sh	nipping: Single Use	r, USPS	included		Annual Billing	
1	1 PMAINT Pass Through Mai			nance	included		☐ Semi-Annual	
			<u> </u>				✓ Quarterly Billing	
						Note: I	f a payment option is not selected, FP	
Term of C	Term of Contract: 36 months* Total Monthl			will default to Quarterly Paper Rilling				
www.fp-usa.co 800.341.6052	onditions: By signing below, I her om/terms-conditions are applicat and we will provide you with a conditional ACCEPTANCE (please conditions)	ole to, and incor opy for your red	porated by reference into, this cords.) * 36 Month Initial Term	s agreement.	(If you do not have acc	ess to the inte	nditions available on the FP website at ernet, please contact FP directly at	
Customer Acceptance of Terms				Dealer In	Dealer Information			
Print Name of Authorized Representative:				Selling Dealer Name: Digital Office Equipment Dealer #:8480				
Tel:					Address: 10929 US Hwy 301 S., Statesboro, GA 3045			
Tax ID: State:				Tel: 912-489-6964 Fax: 912-489-4710				
Authorized Signature: X				Sales Representative Name: Wade Morgan				
Date:				Servicing Dealer Name: Digital Office Equipment Svc. Dealer #:8480				
DEALER & IN	TERNAL USE ONLY							
☐ New Customer ☐ Lease Company:					Promo Code:			
✓ Upgrade / Model Change			Major Account: GA-SPOFGA		A Package Code: PI2A		PI2A	
Renewal (no change of equipment)			GSA / State Contract No.:	Price or Terms Exception Approval (Form Attached)				
Coterminous Add-On: M			Master Billing Acct. No.:			☐ USPS® Location: (CPU Letter Attached)		
			Master Postage Acct. No.:			☐ Tax-Exe	mpt (Certificate Attached)	
Existing Account No.: 600060222								