



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: 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: 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: 36 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: X		Sales Representative Name: Wade Morgan	
Date:		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"/> Coterminal Add-On: _____ <input type="checkbox"/> Change of Ownership Existing Account No.: 600058092	<input type="checkbox"/> Lease Company: _____ <input checked="" type="checkbox"/> Major Account: GA-SPOFGA <input type="checkbox"/> GSA / State Contract No.: _____ Master Billing Acct. No.: _____ Master Postage Acct. No.: _____	Promo Code: _____ Package Code: PI2A <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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