



**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

<b>Billing Address</b>	
Customer: <b>Effingham County</b>	
Department: <b>Elections and Registrars</b>	
Street: <b>804 S Laurel Street</b>	
City: <b>Springfield</b>	County: <b>Effingham</b>
State: <b>Georgia</b>	Zip: <b>31329</b>
Tel: <b>912-754-2123</b>	Fax:
E-mail: <b>accountspayable@effinghamcounty.org</b>	
Contact Name: <b>Alison Bruton</b>	
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.	

<b>Shipping &amp; Installation Address (if different than Billing)</b>	
Customer: <b>Effingham County</b>	
Department: <b>Elections and Registrars</b>	
Street: <b>284 Highway 119 S</b>	
City: <b>Springfield</b>	County: <b>Effingham</b>
State: <b>Georgia</b>	Zip: <b>31329-3081</b>
Tel:	Fax:
E-mail: <b>ochapman@effinghamcounty.org</b>	
Contact Name: <b>Olivia Chapman</b>	
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	<b>Rental Billing Frequency (select one)</b>
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
<b>Term of Contract: 36 months*</b>			<b>Total Monthly Payment</b>	<b>\$36.54</b>

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](http://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: <b>Digital Office Equipment</b>	Dealer #: <b>8480</b>
Tel:	Address: <b>10929 US Hwy 301 S., Statesboro, GA 30458</b>	
Tax ID:	State:	Tel: <b>912-489-6964</b> Fax: <b>912-489-4710</b>
Authorized Signature: <b>X</b>	Sales Representative Name: <b>Wade Morgan</b>	
Date:	Servicing Dealer Name: <b>Digital Office Equipment</b>	Svc. Dealer #: <b>8480</b>

### 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"/> Cotermious Add-On: _____ <input type="checkbox"/> Change of Ownership Existing Account No.: <b>600058089</b>	<input type="checkbox"/> Lease Company: _____ <input checked="" type="checkbox"/> Major Account: <b>GA-SPOFGA</b> <input type="checkbox"/> GSA / State Contract No.: _____ Master Billing Acct. No.: _____ Master Postage Acct. No.: _____	Promo Code: _____ Package Code: <b>PI2A</b> <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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