



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: HOPKINS CO. BOARD OF EDUCATION | |
| Department: | |
| Street: 320 S. SEMINARY ST. | |
| City: MADISONVILLE | County: HOPKINS |
| State: KY | Zip: 42431 |
| Tel: 270-825-6000 | Fax: 270-825-6072 |
| E-mail: | |
| Contact Name: | |
| 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: BROWNING SPRINGS MIDDLE SCHOOL | |
| Department: | |
| Street: 357 W. ARCH ST. | |
| City: MADISONVILLE | County: HOPKINS |
| State: KY | Zip: 42431 |
| Tel: 270-825-6006 | Fax: 270-825-6009 |
| E-mail: JASON.CLARK@HOPKINS.KYSCHOOLS.US | |
| Contact Name: JASON CLARK | |
| 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 | P100C/PBASE | POSTBASE 30 METER/BASE | INCLUDED | <input type="checkbox"/> Electronic Billing |
| 1 | POSTBASE 30A | POSTBASE 30 ATTRIBUTE PACKAGE | INCLUDED | <input checked="" type="checkbox"/> Paper Billing |
| 1 | UNL | UNLIMITED RESETS | INCLUDED | Rental Billing Frequency (select one) |
| 1 | RGPOST | POSTBASE RATEGUARD | INCLUDED | <input checked="" type="checkbox"/> Annual Billing |
| 1 | SCALE | 5 LB INTEGRATED SCALE | INCLUDED | <input type="checkbox"/> Semi-Annual |
| | | | | <input type="checkbox"/> Quarterly Billing |
| Term of Contract: 36 months* | | | Total Monthly Payment | \$40.00 |
| 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: JASON CLARK | | Selling Dealer Name: TRI-STATE MAILING SYSTEMS, INC. | Dealer #: 167-0 |
| Tel: 270-825-6006 | | Address: 3216 ALVEY PARK DR E, OWENSBORO, KY 42303 | |
| Tax ID: 61-6001319 | State: KY | Tel: 270-683-9249 | Fax: 270-684-8535 |
| Authorized Signature: X | | Sales Representative Name: SANDRA HENRY | |
| Date: | | Servicing Dealer Name: TRI-STATE MAILING SYSTEMS, INC. | Svc. Dealer #: 167-0 |

DEALER & INTERNAL USE ONLY

| | | |
|--|--|--|
| <input type="checkbox"/> New Customer <input type="checkbox"/> Upgrade / Model Change <input checked="" type="checkbox"/> Renewal (no change of equipment) <input type="checkbox"/> Coterminal Add-On: _____ <input type="checkbox"/> Change of Ownership Existing Account No.: 600028222 | <input type="checkbox"/> Lease Company: _____ <input type="checkbox"/> Major Account: _____ <input type="checkbox"/> GSA / State Contract No.: _____ Master Billing Acct. No.: _____ Master Postage Acct. No.: _____ | Promo Code: _____ Package Code: P30A <input type="checkbox"/> Price or Terms Exception Approval (Form Attached) <input type="checkbox"/> USPS® Location: (CPU Letter Attached) <input checked="" type="checkbox"/> Tax-Exempt (Certificate Attached) |
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