



Kenton County School District | It's about ALL kids.

Issue Paper

DATE:

August 9, 2023

AGENDA ITEM (ACTION ITEM):

Consider/Approve Agreement with FP Mailing Solutions for Simon Kenton to utilize their postage machine.

APPLICABLE BOARD POLICY:

01.1 Legal Status of Board

HISTORY/BACKGROUND:

Simon Kenton High School would like to use FP Mailing Solutions as the vendor for our postage machine. Using this machine helps with postage costs and allows staff to work efficiently with mailing issues.

FISCAL/BUDGETARY IMPACT:

\$768.00 – SBDM Funds

RECOMMENDATION:

Approval to sign agreement with FP Mailing Solutions for postage machine usage.

CONTACT PERSON:

Craig Reinhart

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Principal/Administrator

A handwritten signature in blue ink, appearing to be 'Lesley Smith', written over a horizontal line.

District Administrator

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Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.



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: Kenton County Schools	
Department: Accounts Payable	
Street: 1055 Eaton Drive	
City: Fort Wright	County:
State: KY	Zip: 41017
Tel: 614-471-1040	Fax:
E-mail: jamie.lawson@kenton.kyschools.us	
Contact Name: Jamie Lawson	
Deliver To: <input type="checkbox"/> Dealer <input checked="" 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: Simon Kenton High School	
Department:	
Street: 11132 Madison Pike	
City: Independence	County:
State: KY	Zip: 41051
Tel:	Fax:
E-mail:	
Contact Name: Jamie Lawson	
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	PVS5A	PostBase Vision S5 Package	included	<input type="checkbox"/> Electronic Billing
1	PMANSEAL	Manual Sealer	included	<input checked="" type="checkbox"/> Paper Billing
1	PVCOLORBGRY (Salin Steel)	PostBase Vision Color	included	Rental Billing Frequency (select one)
1	UNL	Unlimited Resets	included	<input checked="" type="checkbox"/> Annual Billing
1	RGPOST	PostBase RateGuard	included	<input type="checkbox"/> Semi-Annual
				<input type="checkbox"/> Quarterly Billing
Term of Contract: <u>36</u> months*			Total Monthly Payment	\$63.95
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: Donnellon McCarthy Ent.	Dealer #: 7860
Tel:		Address: 10855 Medallion Dr., Cincinnati OH 45241	
Tax ID:	State:	Tel: 513-769-7800	Fax:
Authorized Signature: X		Sales Representative Name: Josh Harnish	
Date:		Servicing Dealer Name:	Svc. Dealer #:

DEALER & INTERNAL USE ONLY

<input type="checkbox"/> New Customer	<input type="checkbox"/> Lease Company:	Promo Code:
<input checked="" type="checkbox"/> Upgrade / Model Change	<input type="checkbox"/> Major Account:	Package Code: PVS5A
<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.: 500051968		