



**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: HOPKINS CO. BOARD OF EDUCATION	
Department:	
Street: 320 S. SEMINARY ST.	
City: MADISONVILLE	County: HOPKINS
State: KY	Zip: 42431-2424
Tel: 270-825-6000	Fax: 270-825-6072
E-mail: Samantha.Wood@hopkins.kyschools.us	
Contact Name: SAMANTHA WOOD	
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: BROWNING SPRINGS MIDDLE SCHOOL	
Department:	
Street: 357 W. ARCH ST.	
City: MADISONVILLE	County: HOPKINS
State: KY	Zip: 42431-1968
Tel: 270-825-6006	Fax: 270-825-6009
E-mail: Samantha.Wood@hopkins.kyschools.us	
Contact Name: SAMANTHA WOOD	
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 (Default)
1	PMANSEAL	Manual Sealer	Included	<b>Rental Billing Frequency (select one)</b>
1	FPPSUSPS	Parcel Shipping: Single User, USPS	Included	<input checked="" type="checkbox"/> Annual Billing
				<input type="checkbox"/> Semi-Annual Billing
				<input type="checkbox"/> Quarterly Billing (Default)
				<input checked="" type="checkbox"/> Tax-Exempt Certificate required for processing. Resale Certificates not applicable.
Term of Contract: 36 months*		Total Monthly Payment \$ 41.95		

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)

<b>Customer Acceptance of Terms</b>		<b>Dealer Information</b>	
Print Name of Authorized Representative: SAMANTHA WOOD		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:		Sales Representative Name: JIM 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"/> Lease Company: _____	Promo Code: _____
<input type="checkbox"/> Upgrade / Model Change	<input type="checkbox"/> Major Account: _____	Package Code: P12A
<input checked="" type="checkbox"/> Renewal (no change of equipment)	<input type="checkbox"/> GSA / State Contract No.: _____	Select One:
<input type="checkbox"/> Coterminous Add-On: _____	Master Billing Acct. No.: _____	<input checked="" type="checkbox"/> TVP (Default) <input type="checkbox"/> RPP
<input type="checkbox"/> Change of Ownership	Master Postage Acct. No.: _____	<input type="checkbox"/> Price or Terms Exception Approval (Form Attached)
Existing Account No.: 600028222		<input type="checkbox"/> USPS® Location: (CPU Letter Attached)