



# Customer Agreement

FP Mailing Solutions  
 140 N. Mitchell Ct, Ste 200  
 Addison, IL 60101-5629  
 Tel: (800) 341-6052  
 www.fp-usa.com

## CUSTOMER INFORMATION

Billing Address	
Customer: <u>Morton City Schools</u>	
Department:	
Street: <u>412F SOUTH CUMBLAND - MASSILLON RD</u>	
City: <u>BIRMINGHAM</u>	County:
State: <u>OHIO</u>	Zip: <u>44203</u>
Tel: <u>330-825-2114</u>	Fax: <u>330 825 0929</u>
E-mail: <u>SHARON.BUSH @ MORTON.SCHOOLS.OH</u>	
Contact Name: <u>STEPHANIE HAGREN BUSH</u>	
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:	
Department:	
Street:	
City:	County:
State:	Zip:
Tel:	Fax:
E-mail:	
Contact Name:	
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 85 Meter*	included	<input type="checkbox"/> Electronic Billing
1	UNL	Unlimited Resets	included	<input checked="" type="checkbox"/> Paper Billing
1	RGPOST	PostBase RateGuard	included	Rental Billing Frequency (select one)
		*Attributes must be purchased separately		<input type="checkbox"/> Annual Billing
				<input type="checkbox"/> Semi-Annual
				<input checked="" type="checkbox"/> Quarterly Billing
Term of Contract: <u>63</u> months		Total Monthly Payment	<u>\$ 65<sup>00</sup></u>	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.)

## CUSTOMER ACCEPTANCE (please complete all fields)

Customer Acceptance of Terms		Dealer Information	
Print Name of Authorized Representative:		Dealer Name: <u>AMSS</u>	Dealer #: <u>03F</u>
Tel: <u>330-825-2114</u>		Address: <u>1138 W 9TH ST</u>	
Tax ID: <u>34-6002061</u>	State: <u>OHIO</u>	Tel: <u>216-241-4477</u>	Fax: <u>216-241-5918</u>
Authorized Signature: <u>[Signature]</u>		Sales Representative Name: <u>JIM JOHNSON</u>	
Date: <u>12/1/2017</u>		Sales Representative: <u>[Signature]</u>	Date: <u>12/1/2017</u>

## DEALER & INTERNAL USE ONLY

<input checked="" type="checkbox"/> New Customer	<input type="checkbox"/> Lease Company: _____	Promo Code: _____
<input type="checkbox"/> Existing Customer Name Change	<input type="checkbox"/> Major Account: _____	Package Code: <u>P85D</u>
<input type="checkbox"/> Upgrade From: _____	<input type="checkbox"/> GSA Contract No.: _____	<input type="checkbox"/> Price or Terms Exception Approval (attach copy)
<input type="checkbox"/> Renewal (no change of equipment)	<input type="checkbox"/> State Contract No.: _____	Navision No.: _____
<input type="checkbox"/> Change of Ownership	Master Billing Acct. No.: _____	<input type="checkbox"/> USPS® Location: (letter must be attached)
Existing Account No.: _____	Master Postage Acct. No.: _____	<input type="checkbox"/> Tax-Exempt Certificate Attached



# RENTAL CONTRACT

1138 West 9<sup>th</sup> Street, Suite 100, Cleveland, OH 44113-1060 • Phone (216) 241-4487 • Fax (216) 241-5918

Lessee NORTON CITY SCHOOLS P.O./Ref. No. \_\_\_\_\_  
 Address 4126 SOUTH CLEVELAND - MASSILLON RD  
 City BREBORTON State OHIO Zip+4 44203  
 Phone No. 330-825-2117 Fax No. 330-825-0929 Email \_\_\_\_\_

QUANTITY	DESCRIPTION	SERIAL NO.	UNIT PRICE	TOTAL
1	FP PUSP314 85 SYSTEM			
Rental of \$ <u>120<sup>00</sup></u> / Month for <u>63</u> Months. Rental will continue on an annual basis, after full rental period above. Automation continues to have the privilege to exchange equipment to effect continued operation without extra charges to Lessee. Rental charges are subject to change after initial rental period.				

### CONDITIONS OF RENTAL

DUE AND PAYABLE ON PRESENTATION.  
NOT SUBJECT TO DISCOUNT.

- Terms: TO BE BILLED  QUARTERLY IN ADVANCE or  ANNUALLY IN ADVANCE.
- Applicable taxes shall be paid by Lessee unless otherwise prescribed by law.
- Title to said equipment shall remain with Automation.
- If for any reason, payments are not made by Lessee, as agreed, Automation may declare the entire remaining sum immediately due and may enter premises and repossess listed equipment without legal process.
- Automation guarantees the above listed equipment for three months (90 days) against defective materials or workmanship as guaranteed by the manufacturer.
- GENERAL: No verbal representation or arrangements are recognized by Automation and the conditions of this agreement shall only be modified by a supplementary written agreement. In respect to the equipment specified herein, this agreement contains the entire agreement of the parties hereto and is subject to final acceptance by Automation, at its Home Office, Cleveland, Ohio.
- This order shall be binding on Automation only when countersigned by one of its officers.

This agreement shall be construed, interpreted and enforced in accordance with the laws of the State of Ohio.

Salesman Jim Johnson

ACCEPTED and AGREED to:

ACCEPTED and AGREED to:  
Automation Mailing and Shipping Solutions, Inc.

By \_\_\_\_\_  
Guaranteed Authorized / Approved Signature

By Jim Johnson

Title \_\_\_\_\_

Title PLS1015WT

Printed Signature \_\_\_\_\_

Dated 12/1/2017

Dated \_\_\_\_\_



AUTOMATION MAILING AND SHIPPING SOLUTIONS

1138 West 9<sup>th</sup> Street, Suite 100, Cleveland, OH 44113-1060 • Phone (216) 241-4487 • Fax (216) 241-5918

# SERVICE CONTRACT

AGREEMENT, made and entered into this 1<sup>ST</sup> day of DECEMBER, 2017, by and between Automation Mailing and Shipping Solutions, Inc. (hereinafter AMSS), 1138 West 9<sup>th</sup> Street, Suite 100, Cleveland, OH, 44113 and NORTON CITY SCHOOLS (Customer)

## EQUIPMENT TO BE COVERED BY THIS SERVICE CONTRACT

MODEL	MACHINE S.N.	WARRANTY DATES	SERVICE TO BEGIN DATE	AMOUNT
<u>POSITIVE 85</u>				<u>INCLUDED</u>
				<u>IN</u>
				Taxable Sub Total <u>LEASE</u>
				Plus Tax
				TOTAL

If tax exempt, tax exempt certificate must be attached or tax will be calculated.

Is tax exempt certificate attached? Yes No

Is pre-payment check attached? Yes No

TERMS: NET 30

Check No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ TERRITORY \_\_\_\_\_

Customer Purchase Order Number

INSTALLATION DATE \_\_\_\_\_

EQUIPMENT LOCATION NAME/ADDRESS  
Firm Name NORTON CITY SCHOOLS  
Address 4128  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

BILL TO CUSTOMER NAME/ADDRESS  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CUSTOMER AND AMSS UNDERSTAND AND AGREE THAT THIS MAINTENANCE AGREEMENT INCLUDES THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE HEREOF.

Salesman TIM JOHNSON

PURCHASER:  
ACCEPTED and AGREED to:

SELLER:  
ACCEPTED and AGREED to:  
Automation Mailing and Shipping Solutions, Inc.

By  
Guaranteed Authorized / Approved Signature

By TIM JOHNSON  
Title PRESIDENT  
Dated 12/1/2017

Title \_\_\_\_\_  
Printed Signature \_\_\_\_\_  
Dated \_\_\_\_\_