



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: Norton City Schools	
Department:	
Street: 4128 S. Cleveland Massillon Road	
City: Barberton	County:
State: Ohio	Zip: 44203
Tel: 330-825-2114	Fax: 330-825-0929
E-mail: shagenbush@nortonschools.org	
Contact Name: Stephanie Hagenbush	
Deliver To: <input 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:	
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	P400C	PostBase Vision A5 PSD *	included	<input type="checkbox"/> Electronic Billing
1	UNL	Unlimited Resets	included	<input type="checkbox"/> Paper Billing
1	RGPOST	PostBase RateGuard	included	<b>Rental Billing Frequency (select one)</b>
		*Equipment & Attributes must be purchased separately		<input type="checkbox"/> Annual Billing
				<input type="checkbox"/> Semi-Annual
				<input type="checkbox"/> Quarterly Billing
Term of Contract: 63 months*		Total Monthly Payment	\$52.00	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](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:		Selling Dealer Name: AMSS	Dealer #: 0381
Tel: 330825-2114		Address: 12309 PLAZA DRIVE - PARMA, OH 44130	
Tax ID:	State: OHIO	Tel: 216-241-4487	Fax: 216-241-5918
Authorized Signature: X		Sales Representative Name: J. J. JOHNSON	
Date: 1/25/2023		Servicing Dealer Name: AMSS	Svc. Dealer #: 03P

### DEALER & INTERNAL USE ONLY

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