



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: CENTRAL NINE CAREER CENTER	
Department:	
Street: 1999 US 31 SOUTH	
City: GREENWOOD	County:
State: IN	Zip: 46143
Tel: 3178884401	Fax: 3178858670
E-mail: cpayton@central9.k12.in.us	
Contact Name: CINDY PAYTON	
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:	
Department:	
Street:	
City:	County:
State:	Zip:
Tel:	Fax:
E-mail:	
Contact Name:	
Mailing Address: <input checked="" 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 45 Meter/Base	included	<input type="checkbox"/> Electronic Billing
1	POSTBASE45A	PostBase 45 Attribute Package	included	<input type="checkbox"/> Paper Billing
1	PCOLORBBLK (BLACK)	PostBase Color	included	Rental Billing Frequency (select one)
1	UNL	Unlimited Resets	included	<input type="checkbox"/> Annual Billing
1	RGPOST	PostBase RateGuard	included	<input type="checkbox"/> Semi-Annual
				<input checked="" type="checkbox"/> Quarterly Billing
Term of Contract: <u>36</u> months		Total Monthly Payment	\$55.00	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.)

CUSTOMER ACCEPTANCE (please complete all fields)

Customer Acceptance of Terms		Dealer Information	
Print Name of Authorized Representative:		Dealer Name: Kridan Business Equipment	
Tel:		Dealer #: 3980	
Tax ID: 351178803		Address:	
State:		Tel: 630.827.5875	
Authorized Signature: X		Fax: 800.884.6905	
Date:		Sales Representative Name: Brian Cichanowicz - 9564	
		Sales Representative: X	
		Date:	

DEALER & INTERNAL USE ONLY

<input 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: P45A
<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.: 500059759	Master Postage Acct. No.:	<input type="checkbox"/> Tax-Exempt Certificate Attached