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

NASPO Customer Agreement

CUSTOMER INFORMATION

Billing Address	
Customer:	
Department:	
Street:	
City:	County:
State:	Zip:
Tel:	Fax:
E-mail:	
Contact Name:	
Deliver To: ☐ Dealer ☐ Customer ☐ Fulfilled from Dealer Inventory	
☐ *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: ☐ Same as Billing	
☐ *Existing Customers Only: check box if Shipping & Install Address has changed.*	

RENTAL INFORMATION

Quantity	**Item #**	**Item Description**	**Monthly Rate**	**Rental Billing Delivery** *(select one)*
				☐ Electronic Billing
				☐ Paper Billing
				Rental Billing Frequency *(select one)*
				☐ Annual Billing
				☐ Semi-Annual
				☐ Quarterly Billing
				Note: If a payment option is not selected, FP will default to Quarterly Paper Billing.
Term of Contract: _____ months*		**Total Monthly Payment**	**$**	

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/naspo 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:	Dealer #:
Tel:		Address:	
Tax ID:	State:	Tel:	Fax:
Authorized Signature: **X**		Sales Representative Name:	
Date:		Servicing Dealer Name:	Svc. Dealer #:

DEALER & INTERNAL USE ONLY

☐ New Customer	☐ Lease Company: _____	Promo Code: _____
☐ Upgrade / Model Change	☐ Major Account: _____	Package Code: _____
☐ Renewal (no change of equipment)	☐ Government Contract No.: _____	
☐ Coterminous Add-On: _____	Master Billing Acct. No.: _____	Master Agreement No.: _____
☐ Change of Ownership	Master Postage Acct. No.: _____	Purchase Order No.: _____
Existing Account No.: _____		