



This document has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

*Erin Marie Wheeler*

\$1,142.46

**FP Mailing Solutions**  
 140 N. Mitchell Ct. Ste 201  
 Addison, IL 60101-5629  
 Tel: (800) 341-6052  
 www.fp-usa.com

**Customer Agreement**

**CUSTOMER INFORMATION**

<b>Billing Address</b>	
Customer: <b>TOWN OF MONTREAT</b>	
Department:	
Street: <b>PO BOX 423</b>	
City: <b>MONTREAT</b>	County:
State: <b>NC</b>	Zip: <b>28757</b>
Tel: <b>828-669-8002</b>	Fax: <b>828-669-3810</b>
E-mail: <b>amurphy@townofmontreat.org</b>	
Contact Name: <b>ANGELA MURPHY</b>	
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: <b>TOWN OF MONTREAT</b>	
Department:	
Street: <b>96 RAINBOW TERRACE</b>	
City: <b>BLACK MOUNTAIN</b>	County:
State: <b>NC</b>	Zip: <b>28711</b>
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 30 Meter/Base	included	<input type="checkbox"/> Electronic Billing
1	POSTBASE30A	PostBase 30 Attribute Package	included	<input checked="" type="checkbox"/> Paper Billing
1	PCOLORBSLV (SILVER)	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: <b>36</b> months		Total Monthly Payment	<b>\$52.00</b>	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)**

<b>Customer Acceptance of Terms</b>		<b>Dealer Information</b>	
Print Name of Authorized Representative:		Dealer Name <b>FIRST CLASS MAILING SOLUTIONS</b>	Dealer #: <b>2730</b>
Tel: <b>828-669-8002</b>		Address: <b>333 MAIN AVE NE, HICKORY NC 28601</b>	
Tax ID <b>56-0949173</b>	State <b>NC</b>	Tel: <b>828-324-4040</b>	Fax: <b>828-324-4050</b>
Authorized Signature <i>X [Signature]</i>		Sales Representative Name <b>MICHAEL WOLD</b>	
Date: <b>03-09-2018</b>		Sales Representative <b>X</b>	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: <b>P30A</b>
<input checked="" type="checkbox"/> Upgrade From: <b>O30</b>	<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. <b>500010842</b>	Master Postage Acct. No.: _____	<input type="checkbox"/> Tax-Exempt Certificate Attached