



fp-usa.com

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: Labor Law Poster Service	
Department: Accounts Payable	
Street: 5859 W SAGINAW HWY STE 343	
City: LANSING	County:
State: MI	Zip: 48917-2460
Tel: 5173214144 X354	Fax:
E-mail: ab.llps@comcast.net	
Contact Name: Amber Blais	
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: Labor Law Poster Service	
Department: Shipping Department	
Street: 6323 W SAGINAW HWY STE E	
City: LANSING	County:
State: MI	Zip: 48917-4725
Tel:	Fax:
E-mail: mikeb.llps@comcast.net	
Contact Name: MICHAEL BISHOP	
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	P100/PBASE20	PostBase 20 Meter/Base	Included	<input type="checkbox"/> Electronic Billing
1	UNL	Unlimited Resets	Included	<input checked="" type="checkbox"/> Paper Billing
1	PCOLORBBLK (BLACK)	PostBase Color (available in black only)	Included	Rental Billing Frequency (select one)
1	RGPOST	rateguard	Included	<input type="checkbox"/> Annual Billing
		,		<input type="checkbox"/> Semi-Annual
				<input checked="" type="checkbox"/> Quarterly Billing
Term of Contract: <u>24</u> months		Total Monthly Payment	\$26.95	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: Michael Bishop		Dealer Name: FP MAILING SOLUTIONS	Dealer #: 4960
Tel: 5173214144		Address: 140 N MITCHELL CT., ADDISON, IL 60101	
Tax ID: 383468792	State: MI	Tel: 630-827-5867	Fax: 800-884-6905
Authorized Signature: <u>X Michael Bishop</u>		Sales Representative Name: VALERIE HOLDER/1782	
Date: 12/1/2017		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: _____
<input type="checkbox"/> Upgrade From: _____	<input type="checkbox"/> GSA Contract No.: _____	<input type="checkbox"/> Price or Terms Exception Approval (attach copy)
<input checked="" 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.: 600052638	Master Postage Acct. No.: _____	<input type="checkbox"/> Tax-Exempt Certificate Attached