



Customer Agreement

CUSTOMER INFORMATION

Billing Address	
Customer:	
Department:	
Street:	
City:	County:
State:	Zip:
Tel:	Fax:
E-mail:	
Contact Name:	
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.	

Shipping & Installation Address (if different than Billing)	
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 <i>(select one)</i>
				<input type="checkbox"/> Electronic Billing
				<input type="checkbox"/> Paper Billing <i>(Default)</i>
				Rental Billing Frequency <i>(select one)</i>
				<input type="checkbox"/> Annual Billing
				<input type="checkbox"/> Semi-Annual Billing
				<input type="checkbox"/> Quarterly Billing <i>(Default)</i>
				<input type="checkbox"/> Tax-Exempt <i>Certificate required for processing. Resale Certificates not applicable.</i>
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 are applicable to, and incorporated 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

<input type="checkbox"/> New Customer <input type="checkbox"/> Upgrade / Model Change <input type="checkbox"/> Renewal (no change of equipment) <input type="checkbox"/> Cotermious Add-On: _____ <input type="checkbox"/> Change of Ownership Existing Account No.: _____	<input type="checkbox"/> Lease Company: _____ <input type="checkbox"/> Major Account: _____ <input type="checkbox"/> GSA / State Contract No.: _____ Master Billing Acct. No.: _____ Master Postage Acct. No.: _____	Promo Code: _____ Package Code: _____ Select One: <input type="checkbox"/> TVP <i>(Default)</i> <input type="checkbox"/> RPP <input type="checkbox"/> Price or Terms Exception Approval <i>(Form Attached)</i> <input type="checkbox"/> USPS® Location: <i>(CPU Letter Attached)</i>
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