

Acceptance Location:

Return Location:

840010384

Lessee / Name / Address:

Customer Contact:

Unit Application:

☐ OFR ☐ Carriage ☐ Storage

Customer #:

Customer P/O #:

Minimum Term of: Day/Week/Month:

Delivery/Stored Location:

Lessee to pay per unit(s) at a rate of:

\$ Daily \$ Weekly \$ Monthly

Lease Start Date: 8/11/2000

In addition, Lessee shall pay

Less:

Free Miles Per Day/Week/Mo

Physical Damage

Accept:

Decline:

Rate of \$ per day

In addition, for Brake wear

Rate of \$ per 1/32 of wear

Pick-Up

Waiting Time

Steps Day/Week/Mo

Other

Locks Day/Week/Mo

Other

Ramps Day/Week/Mo

Other

Other Day/Week/Mo

Notes:

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other