



850 East Street 2nd Floor
Tewksbury, MA 01876
PH 978-851-5011
FX 978-851-5881
Acceptance Location:

Lease Agreement #

3067

Return Location:

Lessee Name / Address:

Sachs Bay

Customer #:

C17092

Customer P/O #:

Customer Contact:

Minimum Term of: Day/Week/Month:

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

\$ Daily \$ Weekly \$ Monthly

Lease Start Date:

7/14/20

Unit Application:

☐ OTR ☐ Cartage ☒ Storage

Delivery/Stored Location:

In addition, Lessee shall pay

Est./Act Miles Per Day/Wk/Mo Rate of \$ per mile

Vehicle Protection Plan (VPP)

Accept: Decline Rate of \$ per day

General Liability

Accept: Decline Rate of \$ per day

Property

Accept: Decline Rate of \$ per day

Less:

Free miles: Per Day/Wk/Mo

In addition, for Brake wear

Rate of \$ per 1/32 of wear

In addition, for Tread wear

Rate of \$ per 1/32 of wear

Contents

Accept: Decline Rate of \$ per day

\$5,000 \$10,000 \$25,000

Miscellaneous Charges:

One-Time Recurring Delivery On-Site Stor. Day/Wk/Mo

Pick-Up Steps Day/Wk/Mo

Waiting Time Locks Day/Wk/Mo

Other Ramps Day/Wk/Mo

VPP Deductible Reefer Rate per hr.

Notes:

Insurance Agent/Phone#:

Auto Liability Expiration Date

General Liability Expiration Date

Physical Damage Expiration Date

In order to avoid this obligation for all sales (trails), lessee must provide exemption certificate acceptable to the appropriate jurisdiction(s). In witness whereof, the parties here to have executed this agreement subject to the terms and conditions on this side of and the reverse side of this agreement of which shall be binding upon the lessee. Lessee hereby acknowledges receipt at the time of execution of the lease of a true, exact and fully completed signed copy. Lessee further acknowledges having read both sides of each page of this lease agreed by lessee or its duly authorized agent, subject to conditions on reverse side.

Signed by Lessee / Title:

Date:

Witnessed by Lessor's Representative: Date:

X

X

Unit #	Serial #	License #	St.	Length	Width	Height	Year	Make	Type
1635	09541	139595	MA	53	00	00	00	00	8/14

Outbound Inspection Date Out:

Time Out: AM/PM

Inbound Inspection Date In:

Time In: AM/PM

Damage Identification Symbols:

B=Bent/Broken C=Cut M=Missing T=Tom H=Hole S=Scrape

For REEFER Units Refrig Serial #

Fuel Level: Engine Hrs

Damage Identification Symbols:

B=Bent/Broken C=Cut M=Missing T=Tom H=Hole S=Scrape

For REEFER Units Refrig Serial #

Fuel Level: Engine Hrs

Note: Trailers must be returned with fuel filled and batteries charged

All new damages and deficiencies versus outbound inspection noted below

Left	F	Top	R	Interior
Right	Bottom	Front	Rear	

Position	Brand	Trd. Depth	PSI	Position	Brand	Trd. Depth	PSI
LOF				ROF			
LIF				RIF			
LOR				ROR			
LIR				RIR			

Tire Size: 27.5
Hubodometer Out: FHWA Inspection Date:
Brakes F/A Brakes R/A
Registration Current: Yes/No Expiration Date:

Comments:

Inspector:

Equipment listed above is in good condition by Lessee, vendor or their agent, in good repair and working condition subject to any exception noted, and includes all terms and conditions on the reverse side.

Driver/Lessee Signature:

Driver Name Print:

Driver For:

Operator's License No:

State:

Trailer Damage: Yes / No

Tire Damage: Yes / No

Inspector:

Customer Re-bill to follow? Yes / No

Driver/Lessee Signature:

Driver Name Print:

Driver For: