



860 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:

Bank Bag.

Customer Contact:

Unit Application:

☐ OTR ☒ Cartage ☐ Storage

Customer #:

C 17092

Customer P/O #:

Minimum Term of: Day/Week/Month:

Delivery/Storage Location:

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

\$ Daily \$ Weekly \$ Monthly
155

Lease Start Date:

7/1/12

Miscellaneous Charges:

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

In addition, Lessee shall pay

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

Less:

Free miles Per Day/Wk/Mo

Vehicle Protection Plan (VPP)

Accept: Decline: Rate of \$ per day

In addition, for Brake wear

Rate of \$ 3 per 1/32 of wear

General Liability

Accept: Decline: Rate of \$ per day

In addition, for Tread wear

Rate of \$ 3 per 1/32 of wear

Property

Accept: Decline: Rate of \$ per day

Contents

Accept: Decline: Rate of \$ per day
\$5,000 \$10,000 \$25,000

Notes:

-

Insurance Agent/Phone#:

Auto Liability
Expiration Date

General Liability
Expiration Date

Physical Damage
Expiration Date

In order to avoid the obligation for all sales taxes, lessee must provide exemption certificate(s) acceptable to the appropriate jurisdiction(s). In witness whereof, the parties hereto have executed this agreement subject to the terms and conditions on this side of and the reverse side of this agreement all of which shall be binding upon the lessee. Lessee hereby acknowledges receipt at the time of execution of this lease of a true, exact and fully completed signed copy. Lessee further acknowledges having read both sides of each page of this lease signed 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
2149	B036750	TWJ477170	MA	53			01	617	Cart

Outbound Inspection

Date Out:

Time Out:

AM/PM

Inbound Inspection

Date In:

Time In:

AM/PM

Damage Identification Symbols:

B=Ben/Broken C=Cut M=Missing T=Torn H=Hole S=Scrape

For REEFER Units: Refrig. Serial #

Fuel Level: Engine Hrs:

Damage Identification Symbols:

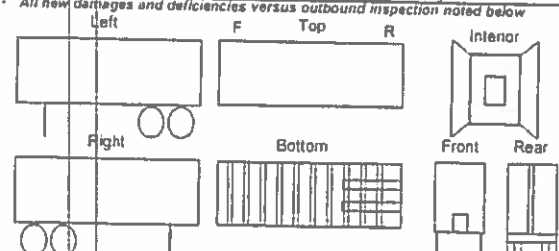
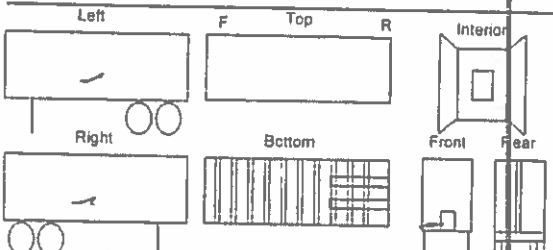
B=Ben/Broken C=Cut M=Missing T=Torn H=Hole S=Scrape

For REEFER Units: Refrig. Serial #

Fuel Level: Engine Hrs:

Note: Reefers must be returned with fuel's filled and batteries charged

All new damages and deficiencies versus outbound inspection noted below



Position:	Brand:	Tire Depth:	PSI:	Position:	Brand:	Tire Depth:	PSI:
LOF		7		ROF		7	
LIF		8		RIF		7	
LOR		7		ROR		6	
LIR		6		RIR		6	

Position:	Brand:	Tire Depth:	PSI:	Position:	Brand:	Tire Depth:	PSI:
LOF				ROF			
LIF				RIF			
LOR				ROR			
LIR				RIR			

Tire Size: 60 22.5

Hubodometer Out: 31347 FHWA Inspection Date: 1/1

Brakes F/A: 60 Brakes R/A: 60

Registration Current: Yes/No Expiration Date:

Comments: 60 22.5 Pick up.

Tire Size: Disc / Spoke

Hubodometer In: FHWA Inspection Date:

Brakes F/A: Brakes R/A

Registration Current: Yes / No Expiration Date:

Comments:

Inspector:

Equipment listed herein is accepted by Lessee, Lessor or their agent, in good repair and working condition subject to any exception noted and excludes 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: