## Lessee / Name / Address:

**Customer Contact:** Autrion

Customer #: Customer P/O #:

Lessee to pay per unit(s) at a rate of: S Daily \$ Weekly 3 COC

In addition, Lessee shall pay

Est. /Act Miles Per Day/Wk/Mo Rate of

per mile

Less: Free miles

Per Day/Wk/Mo

**Yehicle Protection Plan (VPP)** Physical Damage Insurance per day

General Liability Insurance Dedine: Rate of per day

Property Insurance Dedine Decline Rate of Rate of per day

per day

Lease Start Date: Minimum Term of: 2 Day/Week/Month:

Rate of in addition, for Brake wear per 1/8 of wear

Rate of in addition, for Tread wear

Contents 30 per 1/32 of wear

VPP Deductible

Reefer Rate per hr.

Decline: Rate of per day

Accept:

GXLS FSPD

to witness whereof, the parties hereto have executed this agreement subject to the terms and conditions of the applicable Master Lease Agreement, if any, and those on this side and the reverse side of this agreement, all of which shall be binding upon the Leasee; Leasee hereby acknowledges receipt at the time of execution of this lease of a hue, exact and haly completed signed copy. Leasec hefter admonstrates side, in order to avoid the

Insurance Agent/Phone#:

\$5,000

\$10,000

\$25,000

Inspector:  Equipment asked above is accepted by Jessel, remote or their again, in good repair and working condition subject to any exception hopid, and includes all terms and shouldn't on the reverse side Trail Driver/Lessee Signature:  [Inst]	neter Out:  FHWA Inspection Date:  Brakes R/A 2 Y  ion Current: Yes / No Expiration Date:  its:  A 24 Brakes R/A 2 Y  Brakes R	Condition: Brand: Trd Depth: PSI: Position: Brand: Trd Depth: PSI: PSI: PSI: PSI: PSI: PSI: PSI: PSI	Right OO Bottom Front Rear	Left F Top R Interior		Unit # Section License # St. Length  784975   17415752   License # St. Length  5 7	X / Cosses this. Date: Milles	provide exemption certificate(s) acceptable to the appro-
Trailer Damage: Yes / No	Hubodometer In: W Brakes F/A /6 Registration Current Comments:	Brand: Tra. Depth:		rs must be returned ages and deficient of the original or	افا ۽ س	th Width Height	X All Control of the State of t	To American
	Yes/No			with fuel	mbols:  ssing T=Torn H= Refrig. Serial # Engine Hrs	Year	Afathi Afathi	

Frank McGonagiii
12801 Mt. Holty-Huntersville RD.
Huntersville NC 28078
Phone # 704-875-0164 Fax # 704 659-3329
Acceptance Location; Return Location:

10+ 0012280

**OTR** Unit Application: )Cartage ( ) Storage

		X
Miscellaneous Charges:	Delivery/Stored Location:	
		S. C. C.

Delivery	One-Time	Miscellane	
On-Site Stor, Day/W//Mo	Recurring	Miscellaneous Charges:	

One-i me	Recurring
Delivery	On-Sile Stor, Day/Wk/Mo
Pick-Up	Steps: Day/Wk/Mo
Waiting Time	Locks: Day/Wk/Mo
Other	Ramos: Dav/Wk/Mo

18297882

A.C. Lin-

For REEFER Units: Refrig. Serial #:  Fuel Level Engine Hrs Engine Hrs  Note: Reefers must be returned with fuels filled and betteries  All new damages and deficiencies versus outbound inspe	O-Conscional Carrell Management of Conscional Carrell
and Inspection nated below interior	a orogana

N		V	$\omega$	Q.	7	J,	4		1	
	NIA	7				Ì	pun: PSI:			
1	FHWA Inspection	Disc / Spoke	RR	ROR	RIF	ROF	Position: Brand		多用	Bottom
٥	on Date:≶		a	<b>F</b>	7	\	Trd, Depth:	·	<	Front
-	20						785		Ż	Rear

_			
Driver Name Print:	Driver/Lessee Signature:	Inspector: 5/76	Trailer Damage: Yes / No
Driver For	Mather Rea	Customer Re-bill to follow? Yes / No	to The Damage: Yes I No