



Tewksbury, MA 01876
PH: 978-851-5011
FX: 978-851-5881

Acceptance Location:

Lease Agreement #

21535

Return Location:

Lessee / Name / Address:

Epilapsy

Customer Contact:

Unit Application:

☐ OTR ☐ Cartage ☒ Storage

Customer #:

Customer P/O #:

Minimum Term of: Day/Week/Month:

Delivery/Stored Location:

C 29716

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

\$ Daily \$ Weekly \$ Monthly
465 596 105

Lease Start Date: 7/31/20

In addition, Lessee shall pay

Est./Ac/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 \$ per 1/32 of wear

General Liability

Accept: Decline: Rate of \$ per day

In addition, for Tread wear

Rate of \$ 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

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 the obligation for all sales tax(es), lessee must provide exemption certificate (e) 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 and 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
5057	9202656	72U67800	MA	15.8	8.5	8.5	90	Slings	

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=Tom H=Hole S=Scrape

For REEFER Units: Refrig. Serial #

Fuel Level Engine Hrs

Damage Identification Symbols:

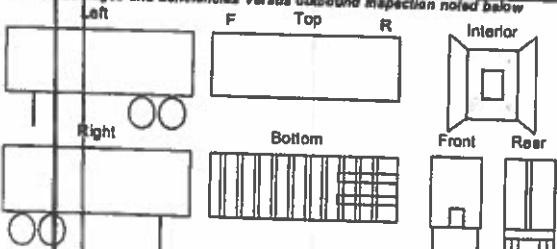
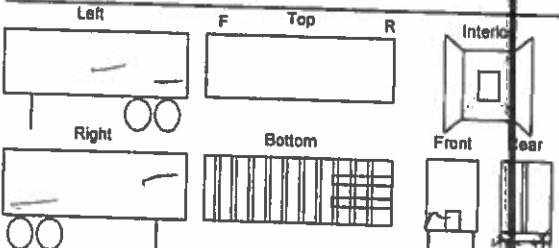
B=Ben/Broken C=Cut M=Missing T=Tom H=Hole S=Scrape

For REEFER Units: Refrig. Serial #

Fuel Level Engine Hrs

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

All new damages and deficiencies versus outbound inspection noted below



Position	Brand	Trail Depth	PSI	Position	Brand	Trail Depth	PSI
LOF		5		ROF		7	
LIF		5		RIF		7	
LOR		7		ROR		7	
LIR		6		RIR		6	

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

Tire Size 17.5

Tire Size Disc / Spoke

Hubodometer Out: 21.14 FHWA Inspection Date: 7/27

Hubodometer In: FHWA Inspection Date:

Brakes F/A 70 Brakes R/A 70

Brakes F/A Brakes R/A

Registration Current: Yes / No Expiration Date:

Registration Current: Yes / No Expiration Date:

Comments: Brown Del - 710 TAC. 415

Comments:

Inspector: Equipment listed above is accepted 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.

Trailer Damage: Yes / No Tire Damage: Yes / No

Driver/Lessee Signature:

Inspector: Customer Re-bill to follow? Yes / No

Driver Name Print: Driver For:

Driver/Lessee Signature:

Operators License No. State:

Driver Name Print: Driver For:

IF A TRAILER IS DAMAGED OR DESTROYED, THE LESSOR SHALL BE RESPONSIBLE FOR THE REPAIR OR REPLACEMENT OF THE TRAILER. THE LESSOR SHALL BE RESPONSIBLE FOR THE REPAIR OR REPLACEMENT OF THE TRAILER. THE LESSOR SHALL BE RESPONSIBLE FOR THE REPAIR OR REPLACEMENT OF THE TRAILER.

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