



Phone (614) 527 4302
Fax (614) 527 4408

www.williamsllc.com

Acceptance Location:

Return Location:

Unit Application:

Lessee / Name / Address:

Customer Contact:

Unit Application:

ADVANCE AUTO

Customer #: **110015** Customer P/O #: **110015**

Minimum Term of: **Day/Week/Month:**

☐ OTR ☐ Cartage ☒ Storage

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

\$ Daily \$ Weekly \$ Monthly

Lease Start Date: **8/11/2020**

Delivery/Storage Location:

In addition, Lessee shall pay

Less:

Est Act Miles

Per Day/Wk/Mo

Rate of \$ per mile

Free miles

Per Day/Wk/Mo

Physical Damage

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

Notes:

Other

Other

Other

Insurance Agent/Phone#:

Auto Liability

General Liability

Physical Damage

Expiration Date

Expiration Date

Expiration Date

Signed by Lessee / Title:

Date:

Witnessed by Lessor's Representative:

Date:

Unit # **53375** Serial # **81112020** License # **81112020** St. Length Width Height Year Make Type

Outbound Inspection

Date Out:

Time Out:

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:

Left

Right

Top

Bottom

Front

Rear

Interior

Exterior

Position: Brand: Trd. Depth: PSI:

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