TRAILER LEASING

Bowman Trailer Leasing
Dennis Fahnestock
1449 Nor Bath Boulevard
Northampton, PA 18067
USA
Phone No 484-408-0152 Fax No 484-406-1152

5441 RT

98

Lease Agreement #: RA 0010531

Lessee / Name / Address: Bay Insulation

Acceptance Location:

Customer Contact:

Return Location: Northampton, PA

Unit Application: ◯ OTR ◯ Cartage ◯ Storage

Delivery/Stored Location:

Customer #: Customer P/O #: Minimum Term of: Day/Week/Month:

Lessee to pay per unit(s) at rate of:
$ Daily $ Weekly $ Monthly

Lease Start Date:

In addition, Lessee shall pay Less:
Ext/Act Miles Per Day/Wk/Mo At a rate of $ per mile Free Miles Pe Day/Wk/Mo

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.

Vehicle Protection Plan (VPP)
Accept: Decline: Rate of $ per day

In addition, for Brake wear Rate of $ per 1/8 of wear

Physical Damage Insurance
Accept: Decline: Rate of $ per day

In addition, for Tread wear Rate of $ per 1/32 of wear

General Liability Insurance
Accept: Decline: Rate of $ per day

Contents
Accept Decline Rate of $ per day

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

LTL Expiration Date:

Notes:

Insurance Agent/Phone #	Auto Liability Expiration Date	General Liability Expiration Date	Physical Damage Expiration Date

[illegible] In witness whereof, the parties here to have, executed this agreement [illegible] the lessee. Lessee hereby acknowledges receipt at the time of execution of this lease of [illegible] 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
5441 RT		21-34722	ME						

Outbound Inspection

Date Out: 8/29/19 Time Out:

Damage Identification Symbols:
B=Bent/Broken C=Cut M=Missing T=Torn H=Hole S=Scrape

For REEFER Units: Refrig. Serial #:
Fuel Level Engine Hrs

Left: OK
Top (F / R): OK
Interior: OK
Right: OK
Bottom: OK
Front: OK
Rear: OK

Position:	Brand:	Trd. Depth:	PSI	Position:	Brand:	Trd. Depth:	PSI
LOF	ARC	9		ROF	ARC	10	
LIF		10		RIF		9	
LOR		5		ROR		4	
LIR		10		RIR		9	

Tire Size: 295 LP 22.5
Hubodometer Out: 840,000 FHWA Inspect. Date: 7/19
Brakes F/A 5/8 Brakes R/A 6/8
Registration Current: (Yes) No Expiration Date:
Comments:

Inspector: Bill Wilson

Equipment listed above is accepted by Lessee or their agent in good repair and working [illegible] as set forth on reverse side

Driver/Lessee Signature: [signature]

Driver Name Print: Andres Dura

Operators License No: State

Inbound Inspection

Date In: Time In:

Damage Indentification Symbols:
B=Bent/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 tank and batteries charged

* All new damages and deficiencies versus outbound inspection noted below

Left / Top (F 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 Disc / Spoke
Hubodometer In: FHWA Inspect. Date:
Brakes F/A Brakes R/A
Registration Current: Yes / No Expiration Date:
Comments:

Trailer Damage: Yes / No Tire Damage: Yes / No
Inspector: Customer Re-bill to follow?: Yes / No
Driver/Lessee Signature:
Driver Name Print: Drive For:

LESSEE DAILY SAFETY RESPONSIBILITY

[illegible]