bowman Trailer Leasing

860 East Street 2nd Floor
Tewksbury MA 01876
PH 978-851-5011
FX 978-851-5881

Lease Agreement # 25818

Acceptance Location: Allen

Return Location:

Lessee / Name / Address:
United Solutions
33 Patriot Circle
Leominster MASS

Customer Contact:

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

Customer #: 6 251 23 **Customer P/O #:**

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

Delivery/Stored Location:

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

$ Daily	$ Weekly	$ Monthly
9.67		300

Lease Start Date: 7/7/21

In addition, Lessee shall pay

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

Less:

Free miles	Per Day/Wk/Mo

Miscellaneous Charges:

One-Time	Recurring
Delivery	On-Site Stor. Day/Wk/Mo
Pick-Up	Stops 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 1/32 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

Notes: Replacing - 554574.

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: X Nur Itz **Date:**

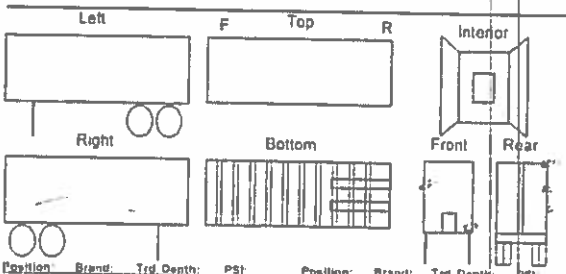
Witnessed by Lessor's Representative: X **Date:**

Unit #	Serial #	License #	St.	Length	Width	Height	Year	Make	Type
919258.	753135	TW334E46	MA	53			07	Ft	Road.

Outbound Inspection Date Out: Time Out: AM/PM

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:



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

Tire Size: 22.5.
Hubodometer Out: 43717 FHWA Inspection Date: 12/19.
Brakes F/A: Brakes R/A:
Registration Current: Yes / No Expiration Date:
Comments:
1.5 hrs Tarpout.

Inspector:
Equipment listed above is accepted by Lessee, Agent or their agent, in good repair and working condition subject to any exception noted and including all terms and conditions on the reverse side.

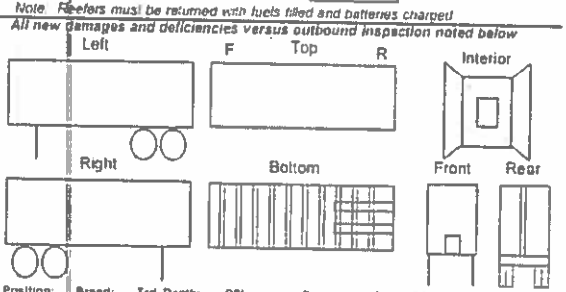
Driver/Lessee Signature:
Driver Name Print: Driver For:
Operators License No: State:

Inbound Inspection Date In: Time In: AM/PM

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:

Note: Reefers must be returned with fuels filled and batteries charged.
All new damages and deficiencies versus outbound inspection noted below



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 Inspection 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: Driver For:

LESSEE COPY