

EQUIPMENT LEASE DATA SHEET

DATE: _____ CITY LONG HAUL MIDWEST

CONTRACTOR NAME: _____ DRIVER #: _____
COMPANY NAME: _____
ADDRESS: _____

TELEPHONE: _____ CELLULAR: _____
SOC SECURITY: _____ EIN: _____

TRACTOR UNIT NUMBER _____
REPLACING CURRENT UNIT? Yes No **IF YES, WHICH UNIT #?** _____

YEAR OF VEHICLE _____
MAKE OF VEHICLE _____
VIN NUMBER _____
TIRE SIZE _____
EMPTY WEIGHT _____
DATE OF PURCHASE _____
PURCHASE PRICE _____
FACTORY PRICE _____
MODEL NUMBER _____
TITLE NUMBER _____ STATE: _____
ODOMETER READING _____
PLATE # AND STATE: _____ EXP: _____
TITLE OWNER _____
ADDRESS _____
CITY ST ZIP _____
LIEN HOLDER _____
ADDRESS _____
CITY ST ZIP _____
FAX # _____

- Check ONE:**
 Tractor
 Straight Truck
 Yard Spotter
 Fork Lift

- RRTS Use Only:**
Coy
EQF
Con
Keller
INS

TRAILER UNIT NUMBER _____
REPLACING CURRENT UNIT? Yes No **IF YES, WHICH UNIT #?** _____

YEAR _____ LENGTH: _____
MAKE _____
VIN NUMBER _____
EMPTY WEIGHT _____
DATE OF PURCHASE _____
PURCHASE PRICE _____
FACTORY PRICE _____
MODEL NUMBER _____
TITLE NUMBER _____ STATE: _____
PLATE # AND STATE: _____ EXP: _____
TITLE OWNER _____
ADDRESS _____
CITY ST ZIP _____
LIEN HOLDER _____
ADDRESS _____
CITY ST ZIP _____
FAX # _____
PHONE # _____

- Check ONE:**
 Van
 Reefer
 Flat Bed
 Storage

- Check ONE:**
 Roll Door
 Swing Door
 Flat Bed
 Lift Gate

ADDITIONAL INFORMATION NEEDED

TRACTOR

TRAILER

COMPLETED W9	_____	
COPY OF TITLES	_____	
IRS FORM 2290	_____	
COPY ANNUAL INSP	_____	_____
WORK COMP APP/CERT	_____	
OCC ACC APP/CERT	_____	
PHYSICAL DAM APP/CERT	_____	_____
NTL APP/CERT	_____	
CARGO INS	_____	
INSURED VALUE	_____	_____

IF CONTRACTOR HAS HIS OWN INSURANCE, CERTIFICATES MUST BE SUPPLIED TO LINEHAUL DEPARTMENT ALONG WITH THIS FORM. THE COVERAGES MUST MATCH OR EXCEED OURS, AND RRTS MUST BE LISTED AS CERTIFICATE HOLDER.