



Rental Agreement

All States Leasing, LLC
10874 East Pike Rd.
Cambridge, Ohio 43725

Phone: 1-800-798-5438
Fax: 740-432-3303

Lessee _____ Equipment # _____

Street Address _____ Phone # _____

Mailing Address (if different) _____ Fax # _____

City/State/Zip _____ PO # _____

Ordered By _____ Rental Start Date _____

Equipment Description

Rental Rates

License Plate #	Serial Number	Description	Daily	Weekly	Monthly

Delivery / Pick Up

Customer Pick-Up/Return _____	Drive Away Service _____	Add'l cartage charges \$ _____ (each way)
-------------------------------	--------------------------	--

Terms / Payment Information

Payment Due in Advance	\$ _____	Credit Card Type _____ Exp. Date: _____ CC #: _____ Add'l Info: _____
Security Deposit	\$ _____	
Pick-Up & Delivery Charges	\$ _____	Rent to Purchase Agreement _____ (see separate contract)
Total Amount Due in Advance	\$ _____	

Additional Terms or Conditions

Insurance Requirements

_____ Valid Blanket Certificate on File _____ Customer required to furnish certificate
The following information must be listed on non-blanket certificates, see Minimum Requirements & example certificate for more info.
 Chassis VIN # _____ Year _____
 Equipment Replacement Value \$ _____ (Must be listed on non-blanket certificates)

Unit Info	Out	In
Chassis Mileage		
Hub Meter		
Engine Hours		
Blower Hours		

Rental Unit Customer Responsibilities
 Qualified/Trained Operator—Maintain IFTA Requirements—Maintain Valid Insurance
 Flat Tires—Lubrication/Mfg Recommended Maintenance—Emptying & Washout of
 Debris Tank—Damage/Abuse—Refueling Tank—General Clean Up

Fuel Level @ Date Signed Out	
Lessee's DOT #	

**I have read and understand the Rental Terms & Conditions*

Sign Out Date _____ Name Printed _____ Signature _____

Sign In Date _____ Name Printed _____ Signature _____