

**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.