

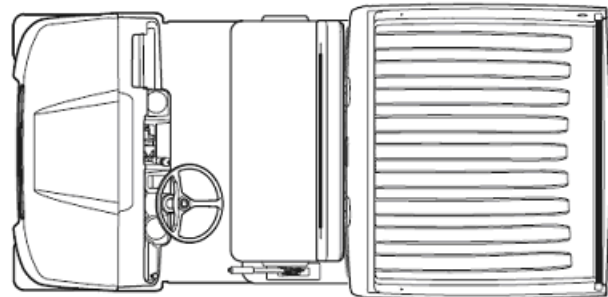
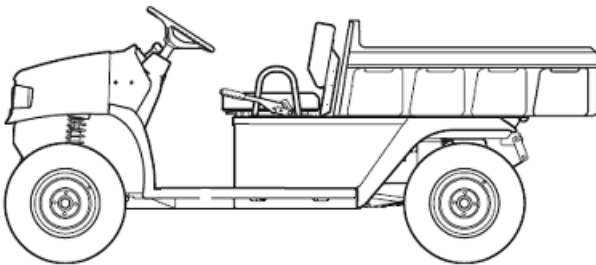
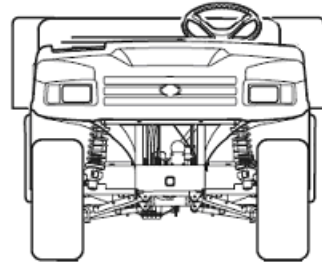


Workhorse

of Workhorses Rented: _____ Trailers: _____
 Job Name: _____ P.O. # (required): _____
 Rental Term: ____/____/____ To ____/____/____
 Drop Off Time: _____ Pick Up Time: _____
 Company Name ("Lessee"): _____
 Authorized Signature: _____
 Printed Name: _____
 Lessee Address: _____

RATES

- Workhorse Day Rate \$225.00
- Trailer Day Rate \$ 50.00
- Fuel Charge (Daily) \$ 10.00
- Delivery Charges Vary Call for Pricing
- After Hours Fee \$ 75.00
(Before 6am or After 7pm)



Company Representative Signature: _____

Print Name: _____ **Date:** _____