LESSOR / LESSEE AGREEMENT

Lessee (Independent Driver)	Name:			
Address:				
City:	State:	Zip Co	ode:	
Home Phone #: () -	Cellula	ar Phone #: () -	
Email Address:				
Drivers License #:		Expi	ration Date:	1 1
Date of Birth: /	/ Soc	cial Security #	!: -	
Date of Training: /	! /	Trainer	's Unit #:	
Starting Date: /		Weekly Lease Rate: \$457.00		
Vehicle Unit # being Leased:		Taxi License Plate #:		
Vehicle Information Yea	r:	Make:	Mo	odel:
VIN #:				
have possession of the vehicle, re issues. I am responsible for all co-electronic credit card reader, print the vehicle in the same cleanlines aware that all tickets, unpaid toll my own responsibility. I understa Dispatch, Inc. and that I am an inc my own. I release my actions. I agree to follow and signing this agreement you also a fee on all travel voucher payment and 6:30pm. • If lease is not paid, the	gardless of how manponents of the voter, I-Pass (if in verse, fuel level status violations and any and that I am not an dependent agent. I adhere to all rules gree to an 8% process. Lease payment of the Lessor. If not reference is the Lessor. If not reference is the status of the Lessor. If not reference is the status of the Lessor. If not reference is the status of the Lessor. If not reference is the status of the status of the Lessor. If not reference is the status of th	nuch I work, undehicle such as: chicle) and all of and condition, damage obtain n employee of _ Any benefits or _ and All-Star (as and regulation cessing fee on a collection occu to be returned imeturned, the vehice	less the vehicle is on Radio, meter, anter ther equipment in allowing for norm led to the vehicle were workers compensuab Dispatch, Inc. as set forth by All-Sall credit card paymers every Thursday mediately. It will be to the le will be taken or rejection.	nna, Nextel phone, the vehicle. I will return al wear and tear. I am while in my possession are or All-Star Cab ation must be obtained on from all liabilities due to Star Cab Dispatch, Inc. By nents and a 10% processin between the hours of 3:30 the Lessee's responsibility to possessed at the Lessee's
Lessee:				
(Print Name)		_		
(Time Ivanie)				
(0)		_		
(Signature)				
Lessor:				
(Print Name)		<u> </u>		
(Signature)		_		
DISCLAIMERS:				

- Changing the verbiage in this document from its original content, except for the addition of your name and / or your company name, could result in this agreement becoming null and void or invalid.
- A copy of this <u>completed</u> agreement MUST be turned into an All-Star Cab agent at the lease office so it may be added to the Lessee's Driver File.