



LEASE INFORMATION

REXDON INC. DELIVERS NEW AND USED TRAILERS FOR MANUFACTURERS, DEALERS, LEASING COMPANIES.

- 1.) Lease specified payment of 78% of gross to Owner/Operator. REXDON pays 80% of gross if owner/operator does not require REXDON fuel card or fuel advance. REXDON fuel card allows 600 gal. fuel a week and \$100.00 cash first 2 weeks. Fuel card advance on cash increases to \$300.00 after first 2 weeks, while account is in good standing.
- 2.) Lease requires \$250.00 min. be held in bond account for each leased unit. It requires \$350.00 min. if contractor chooses to be enrolled in Pre-Pass. Some contractors request bond account be built up to higher amount and is available in case of emergency.
- 3.) REXDON purchases 73,999 or 80,000 lb. apportioned plate and deducts this cost from contractor's receipts until cost has been met.
- 4.) License cost at present time is approx. _____.
- 5.) Fuel tax is charged back to Owner/Operator at the end of each quarter.
- 6.) REXDON INC pays \$200.00 Safety bonus at end of each quarter as long as driver meets all requirements for the bonus.
- 7.) REXDON INC pay period is Friday of each week for paperwork turned in by Noon Tuesday of that week.
- 8.) Lease requires current Federal Inspection on tractor.
- 9.) Lease requires both sides of title and copy of bill of sale to lease on.
- 10.) Owner/Operator will be insured for personal accident Ins. through our agent at a cost of _____ per month. If owner does NOT driver, you must show proof of Workman's Comp. on driver.
- 11.) Lease requires Bobtail Liability Ins. on truck through our agent at a cost of approx. _____ per month.
- 12.) Comprehensive coverage on equipment is Owner/Operator obligation. It is available through our agent, Truck Insurance Specialists, LLC if desired.
- 13.) Tractor requirements are 10 years or newer, must have acceptable blind spot mirrors, and be equipped with chains, straps, and binders. (Just round concave mirrors on side mirror not sufficient)
- 14.) Owner/Operator is required to have Cellular Phone or suitable means of contact in his truck for dispatch.
- 15.) Owner/Operator must have his name: "Owned by" and city of business on his unit as well as REXDON INC. decals.

OWNER/OPERATOR – DRIVER QUALIFICATION:

- 1.) Application must be filled out completely and have acceptable previous employment history. Applicant must sign and return completed Request/Consent form.
- 2.) Long form medical, medical card, neg. drug test results required. REXDON INC MUST have Neg. test results BEFORE driver can be dispatched.
- 3.) Lease requires ANT endorsements on CDL. (Doubles/Triples, Tanker). You do NOT need hazmat.
- 4.) Applicant must be at least 23 years of age, with **MINIMUM ONE YEAR EXPERIENCE**, (No exceptions), have current and acceptable MVR.
- 5.) Previous 7 day logs required – even if off duty

REXDON INC.

GENERAL INFORMATION & REQUIREMENTS

GENERAL INFORMATION

WHAT WE MOVE

- Empty Trailers – including Pups
- Stacks of Flatbeds
- Stacks of Chassis

WHERE WE GO

- 48 States – Majority of work is Midwest, Southeast, and the Plains States
- Home Time – Majority of the fleet is home every week

EARNINGS POTENTIAL

- 78% of Line Haul
- 100% Fuel Surcharge, Pup Hookup Fee, Stack Tie-down Fee
- **Average Pay Per Loaded Mile:** \$1.58 (Fuel surcharge included)
- **Average Pay Per Total Mile (Loaded + Bobtail):** \$1.29 (Fuel surcharge included)
- **Average Bobtail:** 18-19% of Total Miles
- **Weekly Settlements:** Paperwork in the office by Noon CST Tuesday. Check in the mail or Direct Deposit on Friday

BONUSES OFFERED

- Quarterly Safety Bonus - \$\$\$
- Referral Bonus - \$\$\$ + Personalized Jacket

INSURANCE

- **BOBTAIL INSURANCE:** Required through our agent
 - \$29.00 per month
- **OCCUPATIONAL/ACCIDENT INSURANCE:** Required through our agent
 - \$158/month or \$215/month if 65 yrs or older
- **PHYSICAL DAMAGE:** Available, but not required through our agent
 - Call RexDon Inc. for information about rates
- **LIABILITY & CARGO INSURANCE:**

- Coverage provided under RexDon Inc. Policy
- Contact RexDon Inc. for information regarding deductibles
- ESCROW/BOND ACCOUNT
 - \$250.00 minimum
 - \$50.00 per week will be deducted from settlements

REQUIREMENTS

CONTRACTOR REQUIREMENTS

- Application:
 - Filled out completely with acceptable previous employment history
 - Must sign and return completed Request/Consent & PSP forms
- At least 23 years of age
- Minimum One Year Verifiable Over the Road Experience
- Tanker & Doubles/Triples Endorsement on CDL

EQUIPMENT REQUIREMENTS

- 10 years or newer Model Truck preferred. If older, truck will be considered on a case by case basis
- Acceptable blind spot mirrors (round concave mirrors on side mirror not sufficient)
- Sliding 5th Wheel
- 6 – 4" x 30' straps with ratchets - (8 preferred)
- 6 – 20' chains & binders -- (8 preferred)
- Suggested additional equipment:
 - Long sliding 5th wheel
 - Dolly – Premium paid on moves with your dolly. Approximately **\$0.85/mile** premium

INFORMATION NEEDED ON/OR BEFORE ORIENTATION

- Title or Application for Title (Before Orientation)
- Copy of Schedule 1 2290 Stamped Paid by IRS (Before Orientation)
- Copy of the Bill of Sale
- Valid Annual DOT Inspection of equipment
- Long Form Physical & Medical Card
- Copy of CDL
- Pre-employment Drug Screen – must have Negative test results before driver can be dispatched



DRIVER'S APPLICATION TO LEASE EQUIPMENT AS AN OWNER OPERATOR, OR TO DRIVE FOR AN OWNER/OPERATOR WHO HAS EQUIPMENT LEASED TO REXDON INC., CHARLESTON, IL. THIS APPLICATION MUST BE COMPLETED IN IT'S ENTIRETY AND RETURNED TO:

REXDON INC.
2515 18th St., P.O. Box 197
Charleston, IL 61920

Date of Application _____ Check One: () Owner Operator () Drive for Owner Operator

How did you hear about us (Name/Source): _____

Describe your equipment:

Year _____ Make _____ Type _____ S/A or Twin _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: (____) _____ - _____ Social Security No. _____

How long at present address? _____ Person to contact in emergency: _____
Name Phone

Do you have the legal right to work in the United States? _____

Date of birth: _____

Driver Lic. # _____ State _____ Type _____ Date of Issue: _____ Expiration: _____

Attach current MVR if available.

A. Have you ever been denied a driver's license? () Yes () No

B. Has your license ever been suspended or revoked? () Yes () No

If answer is yes to A or B attach full details on separate page.

Driving Experience - MUST be completed:

Class of Equipment	Type of Equipment Van, Tank, Flat, Pups	Dates		Approximate Number of Miles
		From	To	
Straight Truck				
Tractor & Semi-Trl.				
Tractor & Two Trls.				
Other				

Total number of years of OTR driving experience: _____

List States operated in for last 5 years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Do you have any physical condition which may limit your ability to drive in our service? () Yes () No

Are you physically capable of heavy manual work? () Yes () No

How much time lost from work in the past three years? _____

Are you willing to take a physical DOT test and drug test at your own expense when required? () Yes () No

Do you have a current qualification card and proof of negative drug test from another carrier? () Yes () No

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: _____
Name City

JOB HISTORY:

All driver applicants to drive in interstate or foreign commerce must provide the following information covering at least the last seven years. List in reverse order starting with present or most recent employer or company leased to as an owner-operator.

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

ACCIDENT RECORD for past seven years. List in reverse order starting with most recent.

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Traffic convictions and forfeitures for past seven years:

Date _____	Location _____	Penalty _____
Charge _____		
Date _____	Location _____	Penalty _____
Charge _____		
Date _____	Location _____	Penalty _____
Charge _____		
Date _____	Location _____	Penalty _____
Charge _____		
Date _____	Location _____	Penalty _____
Charge _____		
Date _____	Location _____	Penalty _____
Charge _____		

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT:

The prospective Lessee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: _____ Yes _____ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: _____ Yes _____ No

BY SIGNING THIS APPLICATION I AGREE TO THE FOLLOWING CONDITIONS:

If chosen to lease on with REXDON INC. as an owner operator to operate as an independent contractor, I agree to establish myself as an independent contractor by putting my name and address on my tractor in addition to REXDON placards.

I recognize and agree I am responsible for periodic inspections of my vehicle as per company requirements and federal law. I am responsible for the upkeep and maintenance of my vehicle, including tires. I am responsible for fuel, cost of physical damage insurance on my tractor if any, the filing and payment of all highway taxes, the cost of state license plates, and all other truck expense.

Furthermore, as an independent contractor I am responsible to file and pay my own payroll taxes of any nature and the cost of workman's compensation insurance as required now or in the future. I agree to abide by all the terms and conditions of REXDON equipment lease and addendum to same.

I certify this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize REXDON to make such investigations and inquiries of my personal employment, medical history and other related matters prior to their decision to use my services, or later at their discretion. I understand any false or misleading information supplied by me may result in cancellation of any lease agreements entered into with REXDON.

Prior to driving in REXDON's service as an owner operator or as a driver for an owner operator, I agree I must pass a required DOT physical and drug and alcohol test and furnish a copy of same to REXDON Safety Department. My express permission is hereby given for REXDON to require me to submit successfully to their tests and exams, and to their judgement as to whether or not I am qualified and needed to drive a truck in their service.

I recognize and agree I will not be an employee of REXDON and they are not my employer by my signing a lease with them or driving for an owner operator who is leased to REXDON.

Signature of Independent Contractor _____ Date _____



PSP SCREENING CONSENT FORM

>>>>>>>> Return Fax: 217-345-3585 <<<<<<<<<<<

In connection with your application for leasing equipment with RexDon Inc. ("Prospective Lessee"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Lessee uses any information it obtains from FMCSA in a decision not to hire you or to make any other adverse leasing decision regarding you, the Prospective Lessee will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Lessee will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Lessee cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Lessee may obtain such background reports, please read the following and sign below:

I authorize RexDon Inc. (Prospective Lessee) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Lessee to make a determination regarding my suitability as a lessor.

I further understand that neither the Prospective Lessee nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjunction.

I have read the above Notice Regarding Background Reports provided to me by Prospective Lessee and I understand that if I sign this consent form, Prospective Lessee may obtain a report of my crash and inspection history. I hereby authorize Prospective Lessee and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

Name (Please Print): _____