



UTILITIES AND TRANSPORTATION
COMMISSION

1300 S. Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

| FOR OFFICIAL USE ONLY | | | |
|-----------------------|-----------------|-----------------|--------------------|
| Date Filed: | DOL/SOS: | ID: | Docket # |
| Staff Assigned | Insurance | Inspection | Permit Issued THG- |
| Reception # | 111-0268-207-02 | 111-0268-013-20 | |

G29172

Type of Household Goods Authority Requested – check one Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B, and a closing annual report from current company \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8, Attachments B & C, and a closing annual report from current company \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Clutter Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 500 Yale Avenue North, Seattle, WA 98109

Mailing Address 500 Yale Avenue North, Seattle, WA 98109

Telephone Number (800) 418-1168 Fax Number (800) 653-5330

BUSINESS INFORMATION - continued

UBI #: 603-572-359 Email: support@clutter.com

USDOT #: 2719785 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 618,634-00

Employment Security Department registration number 515-441-001

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation _____

List the name, title and percentage of partner's share or stock distribution for major stockholders:

| <u>Name</u> | <u>Title</u> | <u>Stock Distribution or % of Shares</u> |
|--------------|-------------------|--|
| Brian Thomas | President and CEO | |
| Ari Mir | Officer | |
| Omar Hamoui | Officer | |

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Clutter is an on-demand self-storage start-up using technology to deliver a delightful experience to our customers by making it possible for them to have items picked up, stored and return delivered to their doorstep with a click of a button

2. Briefly describe your experience in the transportation/household goods moving industry: Clutter, a full service storage company, was founded in 2013 and currently operates in Los Angeles, San Francisco, San Diego and New York City. We have a nationwide team of 100+ move and pack specialists who are experts in moving and transporting boxes, furniture and other items from residential and commercial properties

3. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? No Yes If yes, please indicate your permit number MTR 0191122 (CA PUC#)

4. Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? No Yes If yes, please explain _____

5. Do you currently operate interstate? No Yes If yes, please indicate your MC# _____

6. Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

7. Do you have, or have you ever had a business-related legal proceeding against you in Washington, or in any other state? No Yes If yes, please list below:

| Type of Legal Proceeding | Date | State |
|--------------------------|------|-------|
| | | |
| | | |

*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

| Type of Conviction | Date | City/State |
|--------------------|------|------------|
| | | |
| | | |

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

| Violation | Date | RCW/WAC |
|-----------|------|---------|
| | | |
| | | |

*attach additional pages if necessary

| FINANCIAL STATEMENT | | | |
|--|---------------------|--|----------------------|
| Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan. | | | |
| Assets | | Liabilities | |
| Cash in Bank | \$ 24,966,783 | Salaries/Wages Payable | \$117,000 |
| Notes Receivable | \$ 0 | Accounts Payable | \$1,528,981 |
| Investments | \$ 0 | Notes Payable | \$13,591,780 |
| Other Current Assets | \$ 80,177 | Mortgages Payable | \$ 0 |
| Prepaid Expenses | \$ 408,523 | TOTAL LIABILITIES | \$ 15,232,377 |
| Land and Buildings | \$ 0 | NET WORTH | |
| Trucks and Trailers | \$ 111,660 | Preferred Stock | \$ 32,522,424 |
| Office Furniture | \$ 10,771 | Common Stock | \$ 111 |
| Other Equipment | \$ 1,449,545 | Retained Earnings | \$ -20,717,686 |
| Other Assets | \$ 161,514 | Capital | \$146,363 |
| TOTAL ASSETS | \$27,188,973 | TOTAL LIABILITIES & NET WORTH | \$27,188,973 |

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

| Year | Make | License Number | Vehicle ID Number | Gross Vehicle Weight |
|---------|------|----------------|-------------------|----------------------|
| Pending | | | | |
| | | | | |
| | | | | |
| | | | | |

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. **Please attach evidence of your enrollment in a drug and alcohol testing program.**

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

Travis Eagles-Sookup

Position:

Director, Seattle Operations

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name:

Travis Eagles-Soukup

Position:

Director, Seattle Operations

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name:

Travis Eagles-Soukup

Position:

Director, Seattle Operations

If you would like to receive information about new household goods carriers, check here

DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I understand the commission will complete a criminal background check on each person named in the application.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Travis Eagles-Soukup

Print name of applicant



Signature of Applicant

11/22/16 Seattle

Date and Location



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Clutter Storage


| The following must be completed by the Supporter of the applicant | |
|--|---|
| Name, Title, and Business Name | Paul S. Kalden |
| Address (include street address, mailing address, city, state, zip, and county) | 2150 Squak Mt Loop SW Issaquah, WA 98027 |
| Phone Number | 425-466-3321 |
| Do you currently need the services of a residential household goods moving company? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, please describe your current moving needs. | We have too many boxes in our attic and would like someone to store them. |
| Do you anticipate a future need for the services of a residential household goods moving company? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, please describe your future moving needs. | We would like to store our seasonal decorations when they are not in use. |
| Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community. | Granting Clutter Storage a permit will provide people the ability to efficiently move and store all household goods in a safe and effective manner. Fewer stress and |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? | Clutter Storage has perfect scores with the BBB, Yelp and many other respectable companies. Clutter will be a great addition to the State of Washington business community. |
| I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. | |
| Signature of Person Completing Form | 11-17-16 - Issaquah, WA |

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Applicant Name: BRIAN THOMAS, CEO, CLUTTER

| | |
|---|---|
| The following must be completed by the Supporter of the applicant | |
| Name, Title, and Business Name: | Sally Lawless, homeowner, small business owner of Inkplate, llc |
| Address (include street address, mailing address, city, state, zip, and county): | 5320 9th Ave NE, Seattle, WA 98105 (King County) |
| Phone Number: | (206) 526-1664 |
| <p>Do you currently need the services of a residential household goods moving company? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, please describe your current moving needs: I am currently downsizing and would really appreciate this kind of service to store temporary and seasonal items</p> | |
| <p>Do you anticipate a future need for the services of a residential household goods moving company? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, please describe your future moving needs: I plan to use storage to keep my household contents to a minimum as I plan to share my home until a future move to a smaller residence.</p> | |
| <p>Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: As housing becomes more dense and living spaces become smaller and divided in the Seattle area, there is great need for this kind of service</p> | |
| <p>Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have previous experience with this company and can testify to its honesty, integrity, motivation and good business practices. I am very eager to see them come to the Seattle area.</p> | |
| <p><i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> | |
| <p style="text-align: center;"></p> <p>Signature of Person Completing Form</p> | <p style="text-align: center;">November 17, 2016</p> <p>Date and Location</p> |

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MARIL OWENS

Address (include street address, mailing address, city, state, zip, and county):

2410 W. NEWTON ST, SEATTLE, WA, 98199, KING

Phone Number:

310-467-0640

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

My current needs are specific to storage. The ability to have pick up, storage, and delivery service

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

This will increase competition, lowering prices and clutter provides better service

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

To not grant clutter a permit would be a detriment to WA residents

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form

18 Nov 2018, Seattle, WA

Date and Location

CALIFORNIA DRIVER LICENSE



DL Y2509741

CLASS C
END NONE

EXP 02/14/2020

LN EAGLES-SOUKUP

FN TRAVIS JOHN

1372 HAIGHT ST
SAN FRANCISCO, CA 94117

DOB 02/14/1990

RSTR NONE

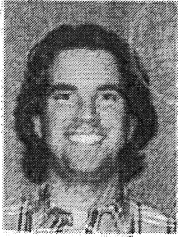


02141990

SEX M HAZEL BLU EYES HZL
HGT 6'-01" WGT 180 LB ISS
DD 04/03/2015603L4/CGFD/20 04/03/2015

DE/DP

CALIFORNIA DRIVER LICENSE



DL B8306813

EXP 02/23/2019

LN THOMAS

FN BRIAN JONATHAN

630 HARBOR ST APT 2

VENICE, CA 90291

DOB 02/23/1982

RSTR NONE

CLASS CM1

END NONE



02231982

SEX M HAIR BLN EYES GRN

HGT 6'-01" WGT 195 lb

DD 02/08/2014 61612/BBFD/19

ISS 02/08/2014

BZ



CERTIFICATE OF LIABILITY INSURANCE

CLUTT-1

OP ID: LR

DATE (MM/DD/YYYY)

01/22/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|------------------------------------|-------|
| PRODUCER Alcott Insurance Agency, Inc. 3945 Idaho Street San Diego, CA 92104-2902 Christopher Martz | CONTACT NAME: Christopher Martz | | |
| | PHONE (A/C, No, Ext): 619-293-3800 | FAX (A/C, No): 619-293-3896 | |
| E-MAIL ADDRESS: chris@alcottinsurance.com | | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | |
| INSURED Clutter Inc 5855 Green Valley Circle #105 Culver City, CA 90230 | INSURER A: Penn Star Insurance Co. | | |
| | INSURER B: American Fire & Casualty Co | | 24066 |
| | INSURER C: State Compensation Ins. Fund | | 35076 |
| | INSURER D: Lloyds of London Underwriters | | |
| | INSURER E: Great American E & S Insurance | | |
| INSURER F: | | | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

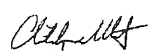
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|------------------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | CPV0005970 | 10/09/2015 | 10/09/2016 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG \$ INCLUDED |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | |
| | <input checked="" type="checkbox"/> POLICY | <input type="checkbox"/> PROJ-JECT | <input type="checkbox"/> LOC | | | |
| B | AUTOMOBILE LIABILITY | | BAA56951723 | 10/09/2015 | 10/09/2016 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | PROPERTY DAMAGE (PER ACCIDENT) \$ |
| | <input checked="" type="checkbox"/> Comp/Coll | <input type="checkbox"/> Deds \$1000 | | | | Hired PhyDmg \$ 50,000 |
| E | UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | XS4957779 | 10/28/2015 | 10/09/2016 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ 1,000,000 |
| | <input type="checkbox"/> DED | <input type="checkbox"/> RETENTION \$ | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | 9075315-15 | 10/09/2015 | 10/09/2016 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS |
| | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y/N | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| D | Motor Truck Cargo | | NA157572 | 10/09/2015 | 10/09/2016 | Per Truck 80,000 |
| | Ded \$1,000 | | | | | Per Loss 80,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Revised cert dated 1/11/16.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| PROOF OF ***Proof Of Insurance*** | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

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DEPARTMENT OF TRANSPORTATION & FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

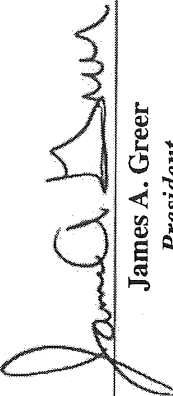
CERTIFICATE OF ENROLLMENT

Clutter Inc.

Company/Operator

This certifies that the above named company/operator and employees required by FMCSA 49 Part 382 have enrolled in a drug and alcohol testing random selection consortium managed by Accredited Drug Testing Inc.




James A. Greer
President

2016

Program Year

800-221-4291

www.accrediteddrugtesting.com



\$301.06

Rental Agreement Summary
 RA#: 535910864
 Renter: BRIAN THOMAS
 Emerald Club

CLUTTER INC

| Dates & Times | Location |
|--------------------------------------|--|
| Sunday, November 20, 2016 5:47 PM | SEA TAC INTL ARPT 3150 S 160TH ST STE 508 SUITE 508 SEATAC, WA 98188-2698 (206) 246-1953 |
| Wednesday, November 23, 2016 4:30 PM | SEA TAC INTL ARPT 3150 S 160TH ST STE 508 SUITE 508 SEATAC, WA 98188-2698 (206) 246-1953 |

Vehicle

Make/Model: NISN / SENTRA
 Color: BLACK
 Mileage: 10015
 Fuel: Full
 License#: BBA8305
 Vehicle#: GL667893

Vehicle Condition:
 No Damage Documented

| Charges | Price/Unit | Renter |
|---|-------------|-----------------|
| TIME & DISTANCE : | \$36.53/D*3 | \$109.59 |
| TIME & DISTANCE : | \$7.31/H | \$0.00 |
| NO CHARGE DISTANCE : | \$0.00/M | \$0.00 |
| REFUELING CHARGE : | \$4.22/gal | \$0.00 |
| COLLISION DAMAGE WAIVER FULL : | \$22.99/D*3 | \$68.97 |
| PAI/PEC : | \$5.00/D*3 | \$15.00 |
| SUPPLEMENTAL LIABILITY PROTECTION : | \$15.00/D*3 | \$45.00 |
| DISCOUNT (5%) : | 5% | (\$5.48) |
| CONSOLIDATED FACILITY CHG 6.00/DY : | \$6.00/D*3 | \$18.00 |
| CONCESSION RECOVERY FEE 11.10 PCT (11.1%) : | 11.1% | \$26.02 |
| VEH LICENSE COST RECOVERY .45/DAY : | \$0.45/D*3 | \$1.35 |
| SALES TAX (9.5%) : | 9.5% | \$12.49 |
| STATE RENTAL TAX 5.9% (5.9%) : | 5.9% | \$7.76 |
| SPORTS FACILITY TAX (1%) : | 1% | \$1.31 |
| RTA TAX (0.8%) : | 0.8% | \$1.05 |
| Total Estimated Charge: | | \$301.06 |

Deposits:
 AMERICAN EXPRESS *****4005

Acknowledgement of Charges

I acknowledge that I have reviewed and agree to all charges and fees listed on Summary of Charges

Electronically signed

Additional Drivers

No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below.
 (Additional driver names listed here if applicable)

Optional Protections

ROADSIDE ASSISTANCE PROTECTION **declined** Sunday, November 20, 2016

Owner: EAN HOLDINGS, LLC

Please keep this Rental Agreement Summary with you in the vehicle during the rental.

Local Addenda

OPTIONAL PRODUCTS NOTICE: WE OFFER FOR AN ADDITIONAL CHARGE THE FOLLOWING OPTIONAL PRODUCTS: DAMAGE WAIVER; PERSONAL ACCIDENT INSURANCE / PERSONAL EFFECT S COVERAGE ; SUPPLEMENTAL LIABILITY PROTECTION AND ROADSIDE ASSISTANCE PROTECTION. BEFORE DECIDING TO PURCHASE ANY OF THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE, CREDIT CARD OR OTHER COVERAGE PROVIDES YOU PROTECTION DURING THE RENTAL PERIOD. THE PURCHASE OF ANY OF THESE PRODUCTS IS NOT REQUIRED TO RENT A CAR

ACKNOWLEDGEMENT OF LOCAL ADDENDUM

Electronically signed

TERMS AND CONDITIONS

[Click to view Terms and Conditions](#)

FORM# 45WAAIR-JK_UC16

ACKNOWLEDGEMENT OF THE ENTIRE AGREEMENT

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON THIS RENTAL AGREEMENT SUMMARY AND THE RENTAL AGREEMENT JACKET, INCORPORATED HEREIN BY REFERENCE (COLLECTIVELY, THE "AGREEMENT") AND BY MY SIGNATURE BELOW I AM THE "RENTER" UNDER THIS AGREEMENT. BY SIGNING BELOW, I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARD(S) AND/OR DEBIT CARD(S) FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND CHARGES INCURRED, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS

**DIRECTED. I CERTIFY THAT THE DRIVERS LICENSE(S)
PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED,
EXPIRED, REVOKED, CANCELLED OR SURRENDERED.**

Electronically signed



535910864

Terms and Conditions electronically accepted by the Renter

11/20/16 at 5:50 PM
