



QUOTE REQUEST

FAX BACK TO (651) 289-3206

COMPANY NAME _____ ADDRESS _____ STATE _____ ZIP _____

SHIPPER INFORMATION	CONSIGNEE INFORMATION
SHIP DATE: _____	DELIVERY DATE: _____
COMPANY NAME: _____	COMPANY NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP CODE: _____	STATE: _____ ZIP CODE: _____
CONTACT NAME: _____	CONTACT NAME: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____

FREIGHT INFORMATION	SERVICE INFORMATION																																									
Freight Description: _____ DECLARED VALUE: _____	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">SERVICE TYPE</td> <td style="width:50%; text-align: center;">EQUIPMENT TYPE</td> </tr> <tr> <td><input type="checkbox"/> GROUND</td> <td><input type="checkbox"/> VAN</td> </tr> <tr> <td style="text-align: center;">SERVICE LEVEL</td> <td><input type="checkbox"/> VAN AIR-RIDE</td> </tr> <tr> <td><input type="checkbox"/> SAME DAY</td> <td><input type="checkbox"/> FLAT BED</td> </tr> <tr> <td><input type="checkbox"/> NEXT DAY</td> <td style="text-align: center;">SPECIAL NEEDS</td> </tr> <tr> <td><input type="checkbox"/> SECOND DAY</td> <td><input type="checkbox"/> PADS&STRAPS</td> </tr> <tr> <td><input type="checkbox"/> 3RD DAY</td> <td><input type="checkbox"/> VAN</td> </tr> <tr> <td><input type="checkbox"/> 3 DAY / 5 DAY</td> <td><input type="checkbox"/> LIFTGATE</td> </tr> <tr> <td><input type="checkbox"/> EXCLUSIVE</td> <td></td> </tr> </table>	SERVICE TYPE	EQUIPMENT TYPE	<input type="checkbox"/> GROUND	<input type="checkbox"/> VAN	SERVICE LEVEL	<input type="checkbox"/> VAN AIR-RIDE	<input type="checkbox"/> SAME DAY	<input type="checkbox"/> FLAT BED	<input type="checkbox"/> NEXT DAY	SPECIAL NEEDS	<input type="checkbox"/> SECOND DAY	<input type="checkbox"/> PADS&STRAPS	<input type="checkbox"/> 3RD DAY	<input type="checkbox"/> VAN	<input type="checkbox"/> 3 DAY / 5 DAY	<input type="checkbox"/> LIFTGATE	<input type="checkbox"/> EXCLUSIVE																								
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PH NUMBER: _____

DATE: _____

TIME: _____