

<u>REQUEST FOR FREIGHT QUOTE or FREIGHT MOVEMENT</u>			
Requestor Name:		Phone #:	
Date of Request:		Quote Deadline:	
ORIGIN INFORMATION:		DESTINATION INFORMATION:	
Company Name:		Company Name:	
Contact Name & Phone #:		Contact Name & Phone #:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
SHIPMENT INFORMATION:			
Skid/Body/ Truck Count:	Total Shipment Weight:		Weight of Ea. Skid/Piece:
Check if applicable:	Yes	No	Dimensions of Ea.:
Are there Returnables associated with this shipment?	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of Shipments:
Is any part of the shipment hazardous? (If yes, a copy of the MSDS must be provided.)	<input type="checkbox"/>	<input type="checkbox"/>	Flatbed, Step-Deck, RGN, Van trailer, or Other:
Is the product stackable?	<input type="checkbox"/>	<input type="checkbox"/>	Detailed Description of Parts:
If open deck trailer is required, is tarping required?	<input type="checkbox"/>	<input type="checkbox"/>	
Is shipment linked to a military contract?	<input type="checkbox"/>	<input type="checkbox"/>	
Date of Shipment:		Ready Time:	Date needed at Destination:
Comments or Addt'l Notes (ie planning purposes / supplier consolidation):			

****All quotes must be submitted 48 hours prior to deadline.**