QUOTE REQUEST FORM

Origin name:_____   Destination name:_____

Address: _____   Address: _____

City: _____St.:_____Zip:_____   City: _____ St.:_____ Zip:_____

Contact: _____   Contact:_____

Phone: _____   Phone: _____

Extra PU: ☐   Number extra PU's: _____   Extra delivery: ☐ Number extra deliveries: ___

Extra PU info: _____   Extra delivery info: _____

_____   _____

Purchase order req'd: ☐ PO #: _____   3rd party billing: ☐ Details: _____

Valuation: ☐   Purchase add'l: ☐   Desired shipment value: _____

Pick up date(s):_____   Preferred delivery date(s): _____

Precall req'd: ☐   Hrs in advance: _____   Precall req'd: ☐   Hrs in advance:_____

Loading dock: ☐   Max size truck: _____   Loading dock: ☐   Max size truck:_____

Liftgate required: ☐ Fork on site: ☐   Liftgate required: ☐   Fork on site: ☐

Dock pick up: ☐   Freight at dock: ☐   Dock delivery: ☐   Leave at dock: ☐

Inside pick up: ☐ Distance into bldg: _____   Inside delivery: ☐ Distance into bldg: _____

Add'l labor: ☐   How many men: _____   Add'l labor: ☐   How many men: _____

Pads and straps req'd: ☐   Pads & straps req'd: ☐

Origin special instructions: _____   Destination special instructions: _____

_____   _____

_____   _____

_____   _____

Shipment details: (description, shipping dimensions, L x W X H, shipping weight, etc.) Each piece must be listed, as well as if can be stacked or decked. If OK to stack or deck, origin and destination locations BOTH must have dock and forklift. Add additional pages if necessary.

_____

_____

_____

_____

_____

_____

Quote request submitted by: _____   Date: _____

Return quote to: _____   Fax #: _____

Email quote to: _____

Please submit completed quote form to 714-242-7674 – fax or
Email to steve.post@transportsvs.com