

# Quote Request

**Date of Request:**

## Bill to Customer Information

<b>Company Name:</b> <input type="text"/>	<b>Address 1:</b> <input type="text"/>
<b>Contact Name:</b> <input type="text"/>	<b>Address 2:</b> <input type="text"/>
<b>Phone:</b> <input type="text"/>	<b>City:</b> <input type="text"/>
<b>Fax:</b> <input type="text"/>	<b>State:</b> <input type="text"/> <b>Zip:</b> <input type="text"/>
<b>E-mail:</b> <input type="text"/>	<b>Country:</b> <input type="text"/>

## Pick-up Information

<b>Shipper Name:</b> <input type="text"/>
<b>Address 1:</b> <input type="text"/>
<b>Address 2:</b> <input type="text"/>
<b>City:</b> <input type="text"/>
<b>State:</b> <input type="text"/> <b>Postal Code:</b> <input type="text"/>
<b>Country:</b> <input type="text"/>

## Delivery Information

<b>Consignee Name:</b> <input type="text"/>
<b>Address 1:</b> <input type="text"/>
<b>Address 2:</b> <input type="text"/>
<b>City:</b> <input type="text"/>
<b>State:</b> <input type="text"/> <b>Postal Code:</b> <input type="text"/>
<b>Country:</b> <input type="text"/>

## Shipment Information

<b>Tradeshow Freight:</b> <input type="text"/>	<b>Mode:</b> <input type="text"/>
<b>Commodity:</b> <input type="text"/>	<b>Incoterm:</b> <input type="text"/>
<b>Goods Available for pickup on:</b> <input type="text"/>	<b>Service Level:</b> <input type="text"/>
<b>Required Delivery Date (If needed):</b> <input type="text"/>	<b>(If Applicable) Dest Port/Airport:</b> <input type="text"/>
<b>Customer Ref #:</b> <input type="text"/>	<b>Insurance Needed:</b> <input type="text"/>
<b>(LCL Ocean Freight Only) Stackable:</b> <input type="text"/>	<b>Value of Goods US\$:</b> <input type="text"/>
<b>HTS Code (if available):</b> <input type="text"/>	

<b>Dims below are in</b>	<b>Weights below are</b>
<input type="text"/>	<input type="text"/>

Ocean Containers Needed:	Quantity:	Weight (per container)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Pieces	Type	L	W	H	Weight (per pc)

<b>Hazardous:</b> <input type="text"/>
<b>UN #'s:</b> <input type="text"/>
<b>Class:</b> <input type="text"/>
<b>Packing Group:</b> <input type="text"/>

## Special Instructions or Requirements: