BorderBoxes

LTL QUOTE FORM

CONTACT INFORMATION

Name of Party(s) Requesting Quote :_____

Phone Number / Contact Number :_____

ITEM INFORMATION

Requested Shipment Date: _____

Type of Merchandise:
_____ NEW or USED

Number of Pallets: _____   Number of Items: _____

Size of Merchandise, Packaged/Palletized: _____x_____x_____   Weight: _____ LBS

Packaging Needed?: YES NO

Palletizing Needed?: YES NO

Value / Insurance Wanted?: $_____   YES NO - Insurance Amount if YES $_____

SHIPMENT INFORMATION

Shipping to (name or company): _____

Phone # / Contact Name: _____

Address: _____

City, State, Zip Code: _____

Type of Address: RESIDENTIAL   COMMERCIAL (with dock or forklift)

Special Services: LIFT GATE NEEDED   CALL TO ARRANGE DELIVERY TIME

RES. QUOTE TOTAL = $_____._____   COMM. QUOTE TOTAL = $_____._____

USING CARRIER: _____