



396 ANDREW ST, NEWMARKET, ON L3Y 1H4, CANADA
TEL: 416 238 2615 FAX: 416 352 0159 E-mail: info@movetrans.com

ADVICE OF ACCEPTANCE OF QUOTE

FROM _____ QUOTE NO. _____

CUSTOMERS SURNAME & INITIALS _____

| | |
|--|---|
| <p>FULL NAME OF CONSIGNEE</p> <p>CONTACT ADDRESS:</p> <p>CONTACT TEL:</p> | <p>DELIVERY ADDRESS (if applicable)</p> <p>TEL:</p> <p>FAX / E-MAIL:</p> |
|--|---|

LOADING DATE

TRANSIT TIME GIVEN TO CLIENT

EXPECTED DEBIT AMOUNT (QUOTED \$) \$

FCL (expected/actual NET vol/wt) cft lbs

GROUPAGE (expected/actual NET vol/wt) cft lbs

LCL/AIR (expected/actual GROSS vol/wt) cft lbs

LCL/AIR DIMS:

IF ACTUAL VOL/WT IS KNOWN FOR AIR OR LCL SHIPMENT, PLEASE ADVISE ALL DIMENSIONS BELOW

VEHICLE: MAKE MODEL YEAR

MOVETRANS INTL ARE/ARE NOT arranging insurance in the sum of CAD\$

SPECIAL INSTRUCTIONS:

PREPARED BY DATE