

FROM: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FAX: \_\_\_\_\_

NAME OF REP: \_\_\_\_\_ DATE: \_\_\_\_\_

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## REQUEST FOR QUOTE

SERVICES REQUIRED     TERM TO DOOR     DOOR TO DOOR  
                           TERM TO PORT     DOOR TO PORT

TRANSPORT REQUIRED     AIR  
                                   20' CTNR  
                                   40' CTNR  
                                   LCL  
                                   GROUPAGE

CUSTOMER NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

CITY OF ORIGIN \_\_\_\_\_ CITY OF DEST. \_\_\_\_\_

COUNTRY OF ORIGIN \_\_\_\_\_ COUNTRY OF DEST \_\_\_\_\_

HHE WIGHT \_\_\_\_\_ LBS net/gross    HHE VOL \_\_\_\_\_ CFT net/gross

VEHICLE MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

INSURANCE VALUE \_\_\_\_\_ (Canadian Dollars)

STORAGE AT DEST \_\_\_\_\_ (Months)

STORAGE AT ORIGIN \_\_\_\_\_ (Months)

MOVING DATE \_\_\_\_\_

ADDITIONAL NOTES: