QUOTE REQUEST FORM

14777 DON JULIAN RD., CITY OF INDUSTRY, CA 91746

DATE: _____/_____/_____

CUSTOMER NAME: _____

EMAIL ADDRESS and/or PHONE #: EMAIL _____ PHONE # (_____)_____-_____

CUSTOMER CODE (If Known) : _____

PICK UP LOCATION / ORIGIN

BUSINESS ☐ RESIDENTIAL ☐ / PICKUP ☐ DOCK DROP ☐ / LIVE LOAD ☐ SPOT LOAD ☐

NAME OF BUSINESS/RESIDENCE: _____

ADDRESS: _____

CITY_____STATE_____ZIP CODE_____

PHONE #: _____

DELIVERY LOCATION / CONSIGNEE

BUSINESS ☐ RESIDENTIAL ☐ / WILL CALL ☐ / LIVE UNLOAD ☐ SPOT DELIVERY ☐

NAME OF BUSINESS/RESIDENCE:_____

ADDRESS: _____

CITY_____STATE_____ZIP CODE_____

PHONE #: _____

PICK UP DATE/TIME: _____   **DELIVERY DATE/TIME:** _____

PCS/PLT COUNT	PALLET DIMS (L"xW"xH")/CUBE	WEIGHT	FREIGHT CLASS/NMFC	COMMODITY	HAZMAT/UN#

ADDITIONAL INFORMATION: STACKABLE: _____   TOTAL WEIGHT: _____   TOTAL CUBES: _____

NOTIFY CONSIGNEE/APPOINTMENT REQUIRED AT PICKUP ☐   NOTIFY CONSIGNEE/APPOINTMENT REQUIRED AT DELIVERY☐

HAZMAT ☐ LIMITED ACCESS ☐ MAX ACCESS SIZE: _____(48',40',28' etc.)

LIFTGATE AT PICKUP   ☐ MILITARY PICKUP   ☐ AIRPORT PICKUP   ☐ TRADE SHOW PICKUP   ☐ GROCERY WAREHOUSE PICKUP   ☐ SCHOOL PICKUP   ☐
LIFTGATE AT DELIVERY ☐ MILITARY DELIVERY ☐ AIRPORT DELIVERY ☐ TRADE SHOW DELIVERY ☐ GROCERY WAREHOUSE DELIVERY ☐ SCHOOL DELIVERY ☐
SORT AND SEGREGATE ☐ FREEZE PROTECTION ☐

SPECIAL INSTRUCTIONS: _____
_____
_____

Email your completed form to our specialists at: quotes@approvedforwarders.com