



Request for Quote

Shipper: _____	Consignee: _____
Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____
City, State/Zip: _____	City, State/Zip: _____
Country: _____	Country: _____
Contact Name: _____	Contact Name: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email Address: _____	Email Address: _____

Date Ready: _____	Mode of Transportation: _____
	Ocean FCL Only: Size: _____ Type: _____
Number of Pieces: _____	Weight: _____
Type of Packaging: _____	Dimensions: W _____ x H _____ x D _____

Description of Goods: _____	Value of Goods: \$ _____
Incoterms: _____	

Are the Goods Dangerous?	Yes	No	Class/UN/PG/Name: _____
Letter of Credit Needed?	Yes	No	_____)
Insurance Required?	Yes	No	InsuredValue: _____

Additional Comments/Questions:

If shipping from the U.S. (Export)

If shipping to the U.S. (Imports)

Print

