

Date: 07/08/26

Client: TRUMPCARD

**Expedite Quote #**

AT  BY  1500/08

Pickup Date/Time 1500/08 Location:

Address: 5725 Harold Gatty Drive.

City: SALT LAKE CITY

State: UT Zip: 84116

White Glove Handler Contact & # for Pickup (as applicable): \_\_\_\_\_

White Glove Handler Contact & # for Delivery (as applicable): \_\_\_\_\_

Shipment Description: MEDICAL

Shipment Dimensions (LxWxH): 1@48X40X46 Over H/L/W Yes \_\_\_ No \_\_\_

Shipment Weight (lbs): 150 Overweight Yes \_\_\_ No \_\_\_

Insured by Imperative: Yes \_\_\_ No  If Yes - provide value: \$ \_\_\_\_\_

HazMat Material: Yes \_\_\_ No  If yes, please provide details: \_\_\_\_\_

**Please note if HAZMAT labeled but not subject to DOT Hazmat Standards**

**Special Services/Equipment Required** (it is assumed that all vehicles are enclosed and have appropriate load bars and strapping unless otherwise requested):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Exclusive Use Vehicle (EUV) | _____ Team Drivers Required            |
| _____ Direct Asset Carrier Required                             | _____ Uniform Driver Required          |
| _____ Air-Ride Suspension                                       | _____ US Citizen Driver Required       |
| _____ Temperature Control                                       | _____ English Speaking Driver Required |
| _____ Dock Height Truck Required                                | _____ Non-Rental Vehicles Required     |
| _____ Flat Bed  | _____ GPS/ELD Required                 |
| _____ Pallet Jack Required                                      | _____ Loading/Unloading Required       |
| _____ Liftgate Required   | _____ Inside Pickup/Delivery Required  |

Other Services/Equipment Required (please detail): \_\_\_\_\_

Client Contract Specifics (describe or refer to SOP): \_\_\_\_\_