IMPERATIVE
LOGISTICS GROUP

Date: 07/14/26

Client: TRUMP CARD

Expedite Quote #

AT ✔ **BY** ☐ 2030/15

Pickup Date/Time _____ **Location:**

Address: 6321 EMPEROR DR

City: ORLANDO

State: FL Zip: 32809

Tier 1 Client: Yes ✔ No ____

High Value/High Risk: Yes ✔ No ____

AT ✔ **BY** ☐

Delivery Date/Time 0800/15 **Location:**

Address: 580 CHELSEA ST DOCK

City: EAST BOSTON

State: MA Zip: 02128

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

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

Shipment Description: MACHINE PARTS

Shipment Dimensions (LxWxH): 96X48X30 **Over H/L/W Yes** ____ **No** ✔

Shipment Weight (lbs): 472 **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):

✔	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): _____

_____