IMPERATIVE
LOGISTICS GROUP

Date: 7/21/26

Client: TRUMPCARD

Expedite Quote #

Tier 1 Client: Yes ____ No ____

High Value/High Risk: Yes ____ No ____

Pickup Date/Time asap **Location:**

Address: 3800 Cabell Road

City: irving

State: tx Zip: 75063

Delivery Date/Time 0600 7/22 **Location:**

Address: 13 OVERMEYER WAY SUITE A

City: FOREST PARK

State: ga Zip: 30297

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

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

Shipment Description: _____

Shipment Dimensions (LxWxH): 31X32X37, 28X31X63 **Over H/L/W Yes** ____ **No** ____

Shipment Weight (lbs): 288 **Overweight Yes** ____ **No** ____

Insured by Imperative: Yes ____ No ____ If Yes - provide value: $_____

HazMat Material: Yes ✔ No ____ If yes, please provide details: UN3480

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): _____

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