

Date: _____

Tier 1 Client: Yes _____ No _____

Client: _____

High Value/High Risk: Yes _____ No _____

Expedite Quote # _____

Pickup Date/Time _____ Location: _____

Delivery Date/Time _____ Location: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

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

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

Shipment Description: _____

Shipment Dimensions (LxWxH): _____ Over H/L/W Yes _____ No _____

Shipment Weight (lbs): _____ 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): _____