

Date: 07-02-26

Client: THOR PHOTOMEDICINE

Expedite Quote # 47061

AT BY 1700/2

Pickup Date/Time _____ Location: _____

Address: 580 CHELSEA ST - DOCK 14-16

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: ELECTRONIC EQUIPMENT

Shipment Dimensions (LxWxH): 101X44X34 Over H/L/W Yes _____ No _____

Shipment Weight (lbs): 609 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): _____