

Date: 6/30/26

Client: TRUMP CARFD

Expedite Quote #

AT BY 0900/2

Pickup Date/Time _____ Location:

Address: 295 INTERLOCKEN BLVD SUITE 175

City: BROOMFIELD,

State: CO Zip: 80021

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

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

Shipment Description: _____

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

Shipment Weight (lbs): 4425 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 type="checkbox"/> Exclusive Use Vehicle (EUV) | <input type="checkbox"/> Team Drivers Required |
| <input type="checkbox"/> Direct Asset Carrier Required | <input type="checkbox"/> Uniform Driver Required |
| <input type="checkbox"/> Air-Ride Suspension | <input type="checkbox"/> US Citizen Driver Required |
| <input type="checkbox"/> Temperature Control | <input type="checkbox"/> English Speaking Driver Required |
| <input type="checkbox"/> Dock Height Truck Required | <input type="checkbox"/> Non-Rental Vehicles Required |
| <input type="checkbox"/> Flat Bed | <input type="checkbox"/> GPS/ELD Required |
| <input checked="" type="checkbox"/> Pallet Jack Required | <input type="checkbox"/> Loading/Unloading Required |
| <input checked="" type="checkbox"/> Liftgate Required | <input type="checkbox"/> Inside Pickup/Delivery Required |

Other Services/Equipment Required (please detail): _____

SETUP 26" BOBTAIL

Client Contract Specifics (describe or refer to SOP): _____