

Date: 6/29/26

Client: TRUMP CARD

Expedite Quote #

AT BY 1700/26

Pickup Date/Time 1700/26 Location:

Address: 9885 MESA RIM RD

City: SAN DEIGO

State: CA Zip: 92121

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

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

Shipment Description: _____

Shipment Dimensions (LxWxH): 1@ 62X33X45 Over H/L/W Yes ___ No ___

Shipment Weight (lbs): 700 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 type="checkbox"/> Pallet Jack Required | <input type="checkbox"/> Loading/Unloading Required |
| <input type="checkbox"/> Liftgate Required | <input type="checkbox"/> Inside Pickup/Delivery Required |

Other Services/Equipment Required (please detail): _____

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