IMPERATIVE
LOGISTICS GROUP

Date: 7/23/26

Client: N/A

Expedite Quote #

AT ☑ **BY** ☐

Pickup Date/Time 1500/23 **Location:**

Address: 263 FRELINGHUYSEN AVE

City: NEWARK

State: NJ Zip: 07114

Tier 1 Client: Yes _____ No _____

High Value/High Risk: Yes _____ No _____

AT ☑ **BY** ☐

Delivery Date/Time 1000/27 **Location:**

Address: 5490 GREAT AMERICA PKWY

City: SANTA CLARA,

State: CA Zip: 95054

White Glove Handler Contact & # for Pickup (as applicable): N/A

White Glove Handler Contact & # for Delivery (as applicable): N/A

Shipment Description: MEDICAL EQUIPMENT

Shipment Dimensions (LxWxH): 3@48X43X34,48X40X45 **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): _____

_____