

Date: 7/02/26

Client: TRUMPCARD

Expedite Quote #

AT BY 5PM,, 7/02

Pickup Date/Time _____ Location:

Address: 1414 CALCONHOOK ROAD

City: SHARONHILL PA 19079

State: _____ Zip: _____

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

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

Shipment Description: 2 PIECES

Shipment Dimensions (LxWxH): 48X36X55 Over H/L/W Yes _____ No

Shipment Weight (lbs): 700 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):

- | | |
|--|---|
| <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): _____