

Date: _____

Tier 1 Client: Yes ____ No ____

Client: _____

High Value/High Risk: Yes ____ No ____

Expedite Quote #

Pickup Date/Time _____ Location: _____

Delivery Date/Time _____ Location: _____

Address: _____

Address: _____

City: _____

City: _____

State: ____ Zip: _____

State: ____ Zip: _____

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

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

Shipment Description: _____

Shipment Dimensions (LxWxH): _____ 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): _____