

Date: 7/1/26

Client: TRUMP CARD

Expedite Quote #

AT BY 1600/1

Pickup Date/Time _____ Location:

Address: GAMAS WAREHOUSE 911 INDUSTRIAL PARK AVE

City: NOGALES,

State: AZ Zip: 85621

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

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

Shipment Description: _____

Shipment Dimensions (LxWxH): 1@ 48X32X17 1@ 32X32X8 Over H/L/W Yes ___ No ___

1@ 32X24X16

Shipment Weight (lbs): 23 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): _____