IMPERATIVE
LOGISTICS GROUP

Date: 7/17/26

Client: _____

Expedite Quote #

AT ☑ BY ☐

Pickup Date/Time 7:30PM **Location:**

Address: 7026 CORPORATE DR

City: INDIANAPOLIS

State: IN Zip: 46278

Tier 1 Client: Yes _____ No _____

High Value/High Risk: Yes _____ No _____

AT ☑ BY ☐

Delivery Date/Time 7:30PM **Location:**

Address: 7026 CORPORATE DR

City: INDIANAPOLIS

State: IN Zip: 46278

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

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

Shipment Description: PALLET SUPPLIES

Shipment Dimensions (LxWxH): 34X38X54 **Over H/L/W Yes** ____ **No** _____

Shipment Weight (lbs): 784 **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): BRING PALLET JACK TO SITE AND ASSIST OUR AGENT IN DELIVERING SHIPMENT

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

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