IMPERATIVE
LOGISTICS GROUP

Date: 7/23/26

Client: TRUMP CARD

Expedite Quote #

AT ☑ **BY** ☐ ASAP

Pickup Date/Time _____ **Location:**

Address: 1506 CRUMS LN

City: LOUISVILLE

State: KY Zip: 40216

Tier 1 Client: Yes _____ No _____

High Value/High Risk: Yes _____ No _____

AT ☐ **BY** ☑

Delivery Date/Time 1600/24 **Location:**

Address: 1975 24TH AVE S.W.

City: OWATONNA,

State: MN Zip: 55060

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

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

Shipment Description: _____

Shipment Dimensions (LxWxH): 2@ 24X32X34 **Over H/L/W Yes** ____ **No** _____

Shipment Weight (lbs): 87 **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): _____

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