

Date: 7/8/26

Client: TRUMPCARD

Expedite Quote #

AT BY 1900/08

Pickup Date/Time Location:

Address: 128 BRIDGE STREET

City: NEWTON

State: MA Zip: 02458

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

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

Shipment Description: ELECTRONIC EQUIP

Shipment Dimensions (LxWxH): 1@81X19X53 Over H/L/W Yes ___ No ___

Shipment Weight (lbs): 235 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 checked="" type="checkbox"/> 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): _____