

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): \_\_\_\_\_