IMPERATIVE
LOGISTICS GROUP

**Date:** 07-21-26

**Client:** EDWARDS LIFESCIENCE UTAH

**Expedite Quote #**

**AT** ☐ **BY** ☑ 1545/21

**Pickup Date/Time** _____ **Location:**

Address: 344 W. LIFESCIENCES WAY - DOCK DOOR 9 TO 11

City: DRAPER

State: UT Zip: 84020

**Tier 1 Client:** Yes ☑ No ☐

**High Value/High Risk:** Yes ☑ No ☐

**AT** ☑ **BY** ☐

**Delivery Date/Time** 0900/23 **Location:**

Address: 7695 FORMULA PLACE

City: SAN DIEGO

State: CA Zip: 92121

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

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

**Shipment Description:** MEDICAL DEVICES

**Shipment Dimensions** (LxWxH): 37X45X70 **Over H/L/W Yes** ____ **No** ____

**Shipment Weight (lbs):** 430 **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):** _____

PHOTOS @ PICKUP AND DELIVERY

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

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