

Date: 07/10/26

Client: AXON

**Expedite Quote #**

AT  BY  1700/1C

Pickup Date/Time \_\_\_\_\_ Location: \_\_\_\_\_

Address: 45190 PROLOGIS PLAZA STATION 165

City: STERLING

State: VA Zip: 20166

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

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

Shipment Description: MACHINE PARTS

Shipment Dimensions (LxWxH): 15X15X15 Over H/L/W Yes \_\_\_\_\_ No

Shipment Weight (lbs): 33 Overweight Yes \_\_\_\_\_ No

Insured by Imperative: Yes \_\_\_\_\_ No  If Yes - provide value: \$ \_\_\_\_\_

HazMat Material: Yes  No \_\_\_\_\_ If yes, please provide details: UN3480

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

SPRINTER VAN

Client Contract Specifics (describe or refer to SOP): \_\_\_\_\_