



## Rate Request

Shipper Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Consignee's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Country: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Goods: \_\_\_\_\_  
Dimensions: \_\_\_\_\_

Weight: \_\_\_\_\_

Number of boxes per pallet: \_\_\_\_\_

Please check the appropriate box:

- Dangerous Goods
- Perishable
- General Cargo

Please check level of service desired:

- 2-3 Days
- 4- 5 Days
- 5-7 Days
- Deferred Service

Comments/Special Instructions: \_\_\_\_\_

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Please check which type of rates you are requesting:

- Trucking
- Air Freight
- Ocean Freight