

JACOBS TRANSPORTATION RATE SHEET

CONTACT INFORMATION

Full Name:

Company:

Address:

City:

Province/State:

Postal/Zip:

Phone Number:

 - -

Fax Number:

 - -

E-mail Address:

INFORMATION ABOUT THE LOAD

Origin:

Destination:

Loads Per Month

Amount:

FTL LTL

Currency for Quote:

CAD USD

Commodity:

Weight Per Load (Estimate)

EQUIPMENT

53ft Dry Van 53ft Heated Van 53ft Refrigerated Van

Service Type:

Would you like to spot our trailer?

Yes No

ANY OTHER COMMENT OR DETAILS RETAINING TO LOAD?