



2020 Logistics Group LLC

Load Request Form

Load / Quote Reference Number

Section 1: Contact Information

Company Name

Contact Name

Email Address

Phone Number

Broker / Shipper Name

MC Number (optional)

Section 2: Pickup Information

Pickup Company Name

Pickup Address

Pickup City / State / Zip

Pickup Date

Pickup Time Window

Pickup Contact

Pickup Phone

Section 3: Delivery Information

Delivery Company Name

Delivery Address

Delivery City / State / Zip

Delivery Date

Delivery Time Window



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Section 4: Freight Details

Commodity / Freight Description

Weight (lbs)

Dimensions (L x W x H)

Number of Pieces / Pallets

Stackable? Yes No

Hazmat? Yes No

Section 5: Equipment Needed

Sprinter Van

Box Truck

Either

Section 6: Special Instructions