

DATE: _____
EXPECTED SHIP DATE: _____



LTL SHIPPING QUOTE FORM
76 MAPLE ST, STONEHAM, MA 02180 - 781-438-9100

YOUR COMPANY NAME: _____
YOUR NAME & PHONE: _____ () - _____
YOUR EMAIL: _____

PICK-UP COMPANY NAME: _____
P.U ADDRESS: _____
P.U CONTACT & PHONE: _____ () - _____
P.U EMAIL: _____

DROP-OFF COMPANY NAME: _____
D.O ADDRESS: _____
D.O CONTACT & PHONE: _____ () - _____
D.O EMAIL: _____

COMMODITY BEING SHIPPED: _____

HAZARDOUS? YES / NO

IF KNOWN...

CLASS CODE: _____

NMFC #: _____

EXACT PALLET COUNT: _____
EXACT DIMS (L*W*H): _____
EXACT WEIGHT (LBS): _____

IF DIMS AND WEIGHT VARY PER PALLET, PLEASE DETAIL EACH PALLET

	DIM (L*W*H)	WEIGHT (LBS)
PALLET 1:		
PALLET 2:		
PALLET 3:		
PALLET 4:		
PALLET 5:		