

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:   |              |