

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: \_\_\_\_\_

Shipping / Receiving Hours: \_\_\_\_\_

Loading Dock: Y / N

DROP-OFF COMPANY NAME: \_\_\_\_\_

D.O ADDRESS: \_\_\_\_\_

D.O CONTACT & PHONE: \_\_\_\_\_ (     )     -

D.O EMAIL: \_\_\_\_\_

Shipping / Receiving Hours: \_\_\_\_\_

Loading Dock: Y / N

COMMODITY BEING SHIPPED: \_\_\_\_\_

**HAZARDOUS?**

YES / NO

*IF KNOWN...*

**CLASS CODE:** \_\_\_\_\_

**NMFC #:** \_\_\_\_\_

EXACT PALLET COUNT: \_\_\_\_\_

**\*\*\*\*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:		
PALLET 6:		