Contact Information

**Company Name: Contact Person:**

**Phone Number: Email Address:**

**Origin: Destination:**

Type of Shipment

**FTL or LTL** Choose an item. **General Merchandise** [ ]

**Hazardous Materials** [ ]  **Perishable Goods** [ ]

**Fragile Items** [ ]  **Other (specify)**

Dimensions and Weight

**Length: Width:**

**Height: Weight:**

**Quantity:**

**Palletized** [ ]  **Crated** [ ]  **Loose Cartons** [ ]  **Other:**

Transportation Requirements

 **Mode of Transportation:** Choose an item.

Special Handling Requirements

 **Temperature-controlled** [ ]  **Liftgate service** [ ]  **Inside delivery** [ ]

 **White-glove service** [ ]  **Other (please specify):**

Delivery Timeline

**Pickup Date: Delivery Date:**

Insurance Requirements

**Basic Coverage** [ ]  **None** [ ]  **Additional Coverage**

**Additional Comments/Instructions:**

**Thank you for providing information. Your responses will enable us to better understand your freight needs and determine if further information is needed.**