



FTL Rate Quotation Request Form

SMARTEFREIGHT

FTL RATE QUOTATION REQUESTED BY:

First Name:		Last Name:	
Company Name:			
Phone:	Ext:	Email:	

EQUIPMENT REQUESTED

<input type="checkbox"/> VAN ONLY	<input type="checkbox"/> REEFER ONLY	<input type="checkbox"/> VAN OR REEFER	<input type="checkbox"/> STRAIGHT TRUCK	<input type="checkbox"/> CARGO VAN
<input type="checkbox"/> FLATBED	<input type="checkbox"/> STEPDECK	<input type="checkbox"/> DOUBLE DROP	<input type="checkbox"/> RGN	<input type="checkbox"/> ROLL TITE

If Open Deck Trailer - Are tarps required ? YES NO

If any other trailer specifications please describe:

ORIGIN / PICK UP INFORMATION

Pick Up City:	State/Province:	Zip / Postal Code:
Pick Up Date:	= <input type="checkbox"/> Actual Date	<input type="checkbox"/> Approximate Date

Residential Or Commercial ? Residential Commercial

Driver Assist Loading ? Yes No

Driver Protective Safety Gear Required ? Yes No

Pick Up Appointment Required ? Yes No

Is There A Dock at Pick Up ? Yes IF "NO" - Tailgate/Liftgate Required ? Yes No

If Dock Restrictions at Pick Up Please Describe:

If Special Pick Up Instructions Please Describe:

DESTINATION / DELIVERY INFORMATION

Delivery City:	State/Province:	Zip/Postal Code:
Delivery Date:	= <input type="checkbox"/> Actual Date	<input type="checkbox"/> Approximate Date

Residential Or Commercial ? Residential Commercial

Driver Assist Unloading ? Yes No

Driver Protective Safety Gear Required ? Yes No

Delivery Appointment Required ? Yes No

Is There A Dock at Delivery ? Yes IF "NO" - Tailgate/Liftgate Required ? Yes No

If Dock Restrictions at Delivery Please Describe:

If Special Delivery Instructions Please Describe:



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PRODUCT / COMMODITY

Commodity:	Class # (optional) :	<input type="checkbox"/> Palletized/Skidded	OR	<input type="checkbox"/> Floor loaded
Hazardous or Dangerous Material ?	<input type="checkbox"/> No	- IF "Yes" - UN#:		
Require Temperature Control ?	<input type="checkbox"/> No	- IF "Yes" - Temperature:		
Declared Value on the Bill of Lading ?	<input type="checkbox"/> No	- IF "Yes" - Declared Value: \$		
Total Weight :				

TRANSIT TIME REQUESTED

Expedite Same Day Next Day 2nd Day 3rd Day 4th Day 5th Day Economy

Anything else not covered above that may affect the rate quote ?: