

QUOTE

C Company					Company			Date
S Address	T Address				Address			Charges \$
M City		State	Zip	N N	Gity	State	Zip	Quote #
Contact					Contact			*Quot
					P.O. No. or Ref. No.	_ AIR, L1		
Quote #					Company		=, -	
Service Level				{E	Address			
Transit days Insurance				N A T	City	State	Zip	
				0 N	P.O. No. or Ref. No.			
PIECES	WEIGHT	CLASS / NMFC or DIMENSIONS			DESCRIPTION / ADDED SERVICES		CHARGES	
								2000
								W N
								N. C.
	Thank you very mu	uch for your business	<u> </u>		TOTAL	\$		*
NOTES								

AIR, LTL, TRUCKLOAD SERVICES

