

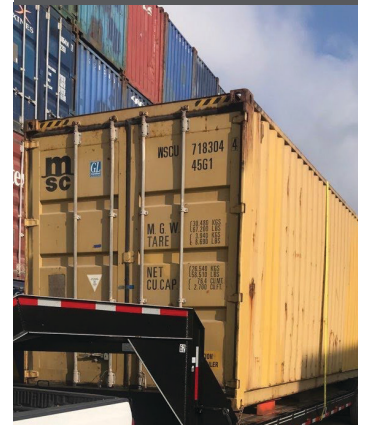


Quote

C U S T O M E R	Company			O R I G I N	Company		
	Address				Address		
	City	State	Zip		City	State	Zip
	Contact				Contact		
					P.O. No. or Ref. No.		
Quote #				D E S T I N A T I O N	Company		
Service Level					Address		
Transit Days					City	State	Zip
Insurance \$					P.O. No. or Ref. No.		
PIECES	WEIGHT	CLASS/NMFC or DIMENSIONS	DESCRIPTION/ADDED SERVICES		CHARGES		
Thank you very much for your business!			TOTAL \$				
Notes:							

Date
Charges \$
Quote #
*Quote good for 45 Days

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