



VOLUME QUOTE REQUEST

Company Name: _____

Contact Name: _____

ORIGIN

Name _____

Address _____

City _____ State _____

Zip _____

DESTINATION

Name _____

Address _____

City _____ State _____

Zip _____

Date the shipment must go out: ____/____/____

Commodity 1: _____

Class _____ NMFC _____ Count _____ Pkg Type _____ Total Weight _____

DIMS _____(L) x _____ (W) x _____ (H) inches Stackable? Yes No

Commodity 2: _____

Class _____ NMFC _____ Count _____ Pkg Type _____ Total Weight _____

DIMS _____(L) x _____ (W) x _____ (H) inches Stackable? Yes No

Commodity 3: _____

Class _____ NMFC _____ Count _____ Pkg Type _____ Total Weight _____

DIMS _____(L) x _____ (W) x _____ (H) inches Stackable? Yes No

How would you like your quote:

_____ Email; your email address: _____

_____ Fax; your fax number: _____

_____ Phone; your phone number: _____

Please fax to: (877) 842-2270 or email to: support@exp-logistics.com