



Request for Quote

Contact: _____

Email: _____

Date: _____

Mode: (Select at least one)

- Air Export
- Air Import
- Air Domestic
- Ocean Export
- Ocean Import
- Domestic Ground

Service: (Select at least one)

- Door to Door
- Door to Port
- Port to Door
- Port to Port

Select One:

- Shipper Routed
- Consignee Routed

Shipper	Consignee
Address:	Address:
City/State/Zip Code	City/State/Zip Code
Contact Person:	Contact Person:
Phone:	Phone:
Fax:	Fax:
Email Address:	Email Address:

Destination Airport/Port: (or closest available) _____

Commodity	# of Pieces	Actual Weight	Length	Width	Height	Cubic	Estimated Volume Weight
		<input type="checkbox"/> Pounds <input type="checkbox"/> Kilos	<input type="checkbox"/> Inches <input type="checkbox"/> Metric	<input type="checkbox"/> Inches <input type="checkbox"/> Metric	<input type="checkbox"/> Inches <input type="checkbox"/> Metric	<input type="checkbox"/> Feet <input type="checkbox"/> Meter	<input type="checkbox"/> Pounds <input type="checkbox"/> Kilos
Totals:							

Cargo Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Request Consultation	Insurance Value: (Must be filled out even if value is "0") _____ (Note: GSC is available for additional/further Insurance Review if needed)
Hazardous Material: <input type="checkbox"/> Yes <input type="checkbox"/> No	UN/HMD Number: (Required if yes to hazardous material) _____
Requested Pick Up Date: _____	Delivery No Later Than Date: _____
Spotting Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of hours: (Required if yes to spotting) _____

Please fax completed quote request to: **Global Shipping Company, LLC.** Fax: 513.241.3719