

Request for Quote

Contact: Ema				ail: Date:				e:	
Mode: (Select at least one) ☐ Air Export ☐ Ocean Export ☐ Air Import ☐ Ocean Import ☐ Air Domestic ☐ Domestic Ground				Service: (Select at least one) ☐ Door to Door ☐ Door to Port ☐ Port to Port ☐ Port to Port			or t		
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									
Commounty	# Of Fieces	□ Pounds □ Kilos	☐ Inches ☐ Metric		□ Inches □ Metric	□ Inches □ Metric	☐ Feet ☐ Meter	Volume Weight Pounds Kilos	
T . 1									
Totals:									
Cargo Insurance:				Insurance Value: (Must be filled out even if value is "0")					
☐ Yes ☐ No ☐ Request Consultation				(Note: GSC is available for additional/further Insurance Review if needed)					
Hazardous Material:					UN/HMD Number: (Required if yes to hazardous material)				
☐ Yes ☐ No Requested Pick Up Date:				Delivery No Later Than Date:					
				If you mumb or of bourse (Dequired if you to small in)					
Spotting Required:					If yes, number of hours: (Required if yes to spotting)				