



Freight Shipping Quote

(please print all information)

FAX FORM TO: 301.330.1451

Today's Date: _____ 2006

Company Name: _____

Contact Name: _____ Phone: _____

FAX: _____ Email: _____

Pick-Up Information.....**Date of Pick-Up:** _____ **2005**

Name: _____ Phone: _____ FAX: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Delivery Information.....**Delivery Deadline:** _____ **2005**

Name: _____ Phone: _____ FAX: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Cargo Information

Number of Pieces: _____ Total Weight: _____ Dimensions: _____

Description of Cargo: _____

Transportation Required: Road Rail Air Ship

NOTE: *Liability for each shipment is limited to \$100.00 unless a higher value is declared. Additional insurance is available at the rate of \$15.00 per \$1,000.00 of declared value.*