

REQUEST FOR QUOTE

Fax to Billing Department, Attn: Rate Quotes
(336) 476-7455

REQUESTOR NAME: _____ PHONE: _____

EMAIL ADDRESS: _____ FAX: _____

(Please print)

COMPANY NAME: _____

ORIGIN ZIP CODE: _____

MANUFACTURER _____

DESTINATION ZIP CODE _____

BUSINESS W/DOCK? Y N

IS THIS A RESIDENTIAL AREA: Y N

TYPE FURNITURE: (Please be specific with all furniture types i.e., bedroom,
dining room chairs, table, sofa, love seat, curio cabinet, etc.)

IS FURNITURE: WRAPPED CARTON

TOTAL WEIGHT: _____

** TOTAL ESTIMATED CHARGES: _____

**This rate may change based upon Bill of Lading information.

NOTE

THIS RATE IS SUBJECT TO ALL INFORMATION GIVEN AS BEING CORRECT.
RATE DOES NOT APPLY IF GOING TO A RESIDENCE OR RESIDENTIAL
AREA. OTHER ACCESSORIAL CHARGES MAY APPLY. QUOTE GOOD FOR 30
DAYS.