



Load Tender/Quote Form

Date Ordered	_____
Tracking #	_____
Total Cost	_____

**Requested By**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Shipper**

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Pick Up Date \_\_\_\_\_ Appt Required? [ ] yes [ ] no  
 Pick Up Number \_\_\_\_\_ Normal Shipping Hours \_\_\_\_\_  
 Requested Pick Up Time \_\_\_\_\_

**Consignee**

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Delivery Date \_\_\_\_\_ Appt Required? [ ] yes [ ] no  
 Normal Receiving Hours \_\_\_\_\_ Requested Delivery Time \_\_\_\_\_

*Extra pick ups or deliveries, please print another form.*

**Bill To**

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ PO Number \_\_\_\_\_

**Trailer Type**

Trailer Type [ ] Van [ ] Flatbed [ ] Reefer [ ] Stepdeck [ ] Other \_\_\_\_\_  
 Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Pieces \_\_\_\_\_  
 Weight \_\_\_\_\_ B/L # \_\_\_\_\_ Commodity \_\_\_\_\_