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Date:			
Job Name:			
Customer:			
Contact: _	Name	Phone #	
Email:			

• Request For Freight Quote •						
Ship ToAddress			, and the second			
			Phone Number			
Reque	ested Delivery	Date If Needed				
	QTY.	MODEL #	DESCRIPTION			
Plea	se Check Al	l That Apply:				
Arrival NotificationAppointment			Self-Storage Delivery Secured or Limited Access □ Lift-Gate Service (jails, prisons, military bases, private cl schools, colleges, nursing homes, chu			
☐ Inside Delivery ☐ Construction Site			☐ Sort & Segregate☐ Residential / Non-Commercial			
☐ Trade Show / Expo			Over Length Article (over 12' long)			

Freight quotes are valid 30 CALENDAR DAYS from date of issue.