



**UNION
LOGISTICS**
QUOTE REQUEST FORM

Dimensions (LxWxH): _____

Dedicated Truck: _____ Pallet Exchange: _____

Other Specifications: _____

Type of Cargo: _____

Hazmat: _____

Cargo Origin: _____ Certification: _____

Destination: _____ Appointment: _____

PICK-UP LOCATION:

Company Name: _____

Contact Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ WEB: _____

Contact Email: _____ Contact Fax: _____

DELIVERY LOCATION:

Company Name: _____

Contact Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ WEB: _____

Contact Email: _____ Contact Fax: _____

*****IF (LTL) LESS THAN A TRUCK LOAD*****

Cubic Feet: _____ Weight: _____

Pick-up Date: _____ Time: _____

Delivery Date: _____ Time: _____