

QUOTE REQUEST FORM



Show Name:			
Hall and Stand Number:			
Company / Exhibitor Name:			
Address (pick up / load address):			
	City:	State:	Zip:
Primary Contact:			
Telephone Number:			
Telefax Number:			
E-Mail Address:			

Please complete the following information by either checking the appropriate box or by filing in the blank. Please be as thorough as possible as this will enable us to provide you with the most accurate quotation possible.

Type of Customs Entry	<input type="checkbox"/> Temporary (to return)	<input type="checkbox"/> Permanent (sold / giveaways)	<input type="checkbox"/> Both
Mode of Transport	<input type="checkbox"/> Ocean FCL	<input type="checkbox"/> Ocean LCL	<input type="checkbox"/> Airfreight <input type="checkbox"/> Truck (Europe)
Type of Equipment for FCL	<input type="checkbox"/> 40'	<input type="checkbox"/> 20'	<input type="checkbox"/> Other _____
Total Value of Shipment	\$ _____ USD		
Commodity:			

Piece(s)	Length in Inches	Width in Inches	Height in Inches	Gross Weight in LBS

Special Requirements:



Fax Completed Form to
 Clint Ard at 404-669-0643
 or email at ClintA@rockitcargo.com

