



QUOTE REQUEST

TO REQUEST A QUOTE PLEASE FILL IN THIS FORM AND EMAIL IT TO
QUOTES@USPERISHABLES.COM

CLIENT:

PERSON REQUESTING QUOTE:

DATE QUOTE IS REQUESTED:

SHIPPING FROM:

LOCATION NAME:

ADDRESS:

CITY/STATE/ZIP:

DATE:

TIME (if needed):

CONTACT NAME:

CONTACT PHONE NUMBER:

DELIVERY TO:

LOCATION NAME:

ADDRESS:

CITY/STATE/ZIP:

DATE:

TIME (if needed):

CONTACT NAME:

CONTACT PHONE NUMBER:

SHIPMENT INFORMATION

The following is information needed per PO number. If there are multiple PO numbers, please fill in and fax multiple forms.

PO#:

PALLET COUNTS:

PALLET SPOTS:

QUANTITY (I.e.: # of cases):

GROSS WEIGHT (Inc. pallets):

TEMPERATURE (I.e.: frozen, 0° to 10°):

BRIEF DESCRIPTION OF PRODUCT (I.e.: frozen

baked foodstuffs):

BILL TO INFORMATION

If different from 'Shipping From' information

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBER: