

FREIGHT QUOTE FORM

(Quotes will be honored for 30 days from the date the quote was given)

Please complete this entire form so that we are able to supply you with the most accurate quote for your shipment. If additional charges accrue due to inaccurate information supplied to us, you will be invoiced for those charges.

Date: _____ Reference - Quote or Sales # _____

Requested by: _____

Have you received freight shipments from us before?

____ YES will we be shipping to the same address this time: ____ Yes ____ No
____ NO Have you ever received freight shipments to the requested ship to address? _____
Do have a preferred freight provider or would you want to recommend one?
If yes, who? _____

Please take into consideration that commercial addresses are not only preferred but are the most cost efficient.

SHIPPING TO: *Commercial Address* _____

Residential Address _____ ***If ship to be a residential address:***

Would you be willing to pick up the shipment at a local Freight Terminal if there would be difficulties with delivering to this address or if it would be a more cost efficient option? ____ Yes ____ No

Name: _____

Street: _____

City: _____ State _____ Zip _____

Contact Name: _____ Contact Phone# _____

Shipments are received (provide day and hours) _____

Appointment required: _____

Lift Gate required: _____

Loading dock available: _____

Fork lift available: _____

Would you consider this a limited access address? _____

Please feel free to include any additional information: _____

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Please return completed form to Kristen@lincolntraps.com or fax to 717-274-8672



DISCOVER THE DIFFERENCE