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CUSTOMER RATE CONFIRMATION

PRO # _____ **AGENT:** _____
Shipper: _____ **Contact:** _____
Phone: (_____) - _____ **Fax:** (_____) - _____

LOAD INFORMATION:

ORIGIN: _____	ZIP CODE: _____
Location: _____	Address: _____
Contact: _____	Phone: (_____) - _____
DESTINATION: _____	ZIP CODE: _____
Location: _____	Address: _____
Contact: _____	Phone: (_____) - _____
Model: _____	Serial # _____
Pickup # _____	Commodity: _____
Weight: _____	Quantity: _____

Load Description: _____

NOTE: This quotation is only an estimate of charges based on the load information provided, this quote is valid for (14) days. Any changes in the load description above may alter the amount charged. If the commodity value is over \$100,000, special cargo insurance is required, and carrier's agent must be advised of the declared value.

PRINTED: _____ **SIGNATURE:** _____
DATE: ____ / ____ / ____