

## Rato Request Form

Complete the form below to request a rate quote for your load. All information is required in order to provide you with a valid quote. If you have questions about items included on this form, please contact our office for assistance.

**** Please Print a	nd Fax this for	n to (409)579-2626**	**	
		powelltrucking.com		
CONTACT INFORMATION:				
Name: First Name	Last Name	E		
Company Name:				
Billing Address:				
Street Address or PO Box Number  City	State	Zip Code		
Phone: xxx-xxxx	Fax:	xxx-xxx-xxxx		
Email:	Confirm	Email:		<del>, , , , , , , , , , , , , , , , , , , </del>
LOAD INFORMATION:				
Origin:	Destina	ition:		
Load Date:  Month  Date	3	Year	_	
Delivery Date:  Month Date		Year	-	
Number of Pieces:		-		
Commodity:	Value of 0	Commodity:		
Dimensions of Load: :	Width	Height	Weight	
Trailer Type Request: (circle one) 53' Van	Flat Step Deck	RGN/Double Drop	Unknown	Multi Axle

oad Comments:	
st any other service that you would like figured into this rate:	
ates provided by Powell Trucking, Inc. are for quote purposes only and do not constitute a contract for services. Please llow instructions received with your quote to continue the booking process. Your quote will be processed as quickly as ossible, but please allow 24 hours for a reply. If you need immediate assistance, please call the business office at 09)579-2121	
our information will not be shared with any third parties nor will it be used for purposes other than providing you with a note for this request and future business contact by Powell Trucking, Inc. By submission of this request, you agree to ceive future information about services provided by Powell Trucking, Inc. but may at any time request to be removed from mailing list by contacting the business office.	mc