DVL LOGISTICS INC.

COMPANY INFORMATION

Company : _____ Appointment Date : _____

Contact : _____ Telephone # : _____

E-mail : _____ Fax # : _____

FREIGHT INFORMATION

Product Description : _____

Weight : _____ lbs./plt or _____ lbs./TL Pallet Dimensions : W L H

Haz-Mat: YES - NO Class: _____ Palletized : YES - NO Shrink-wrapped : YES - NO

Protective Service : heated cooler frozen dry Other : _____

Value (if > 2$ / lb.) : _____

Special Requirements : _____

LANE INFORMATION (origin / consignee)

SHIPMENT INFORMATION

Avg. Shipment Size : _____ Appointments Shipper : YES - NO

Shipments / Week : _____ Appointment Consignee : YES - NO

Dock or Street : Pick-Up _____ Consignee _____

COMPETITION / QUOTE INFORMATION

Incumbent : _____

Satisfied : YES - NO Why? : _____

Potential Revenue : _____ / year Quote : PLT - SPACE - FLAT - OTHER

OTHER COMMENTS