## FREIGHT RATE QUOTE ACCEPTANCE SHEET

For all quotes for freight charges, complete the following for acceptance and email it to tom@engeltransportllc.com

Estimate Number:					Date:				
Requestor Name:					Telephone:				
Email Address:					Fax Number:				
Supplier's Name:				Telephone:					
Point of Origin					Zip Code:				
(City & State):									
Point of Destination(s)					Zip Code:				
(City & State):									
Linehaul Rate: \$0000.00 USD									
					FREIGHT CLA	SS/			
DESCRIPTION OF ITEMS QUOTED*			WEIGHT				**N	**NMFC = National Motor	
							F	reight Classification	
							(up To 7 digits).		
							(Obtain from Supplier)		
* If more space is needed, check box at left and attach additional information (or include copy of Purchase Estimate)									
TYPE OF SHIPPING NEEDED (check the box to left of selection)									
-		/ Step Deck		Temp. Control			Multiple Shipments		
Power Only Air Ride				Air Freight			Expedite Shipment		
Specialty Trailer Padded V			Van	Other (describe):					
Completed By Tom Mante:						Telephone Number:			
Signature of Quote Acceptance:							Date:		

**NOTE:** This quotation is only an estimate of possible charges, is provided solely as a courtesy and convenience to the customer, and can be used as an approximation of the charges for a period not to exceed thirty (30) days from the date of quotation. Any changes in the load description above may alter the amount charged. Charges for Special Services as required by state or local government, whether quoted or not, shall be the responsibility of the debtor. Police Escorts and Utility Equipment charges are estimates only and will be billed at actual cost. If the commodity value is over \$100,000, special cargo insurance is required, and Carrier's agent must be advised of the declared value.