

Freight Quote Request

Please fill out the following form as completely as possible so that we may provide you with an accurate freight quotation. Leave unknown information blank, or call a DJS representative for assistance.

| Contact Information | |
|---|---|
| Company: | Contact: |
| | Phone: |
| Address: | |
| Shipment Information | |
| - | _ Destination Door Delivery? Y N |
| Origin City: | Destination Door Derivery: 1 N |
| Origin Province/State: | |
| Origin Country: | |
| Origin Postal Code: | • |
| | Destination Postal Code: |
| Do you wish for DJS to arrange for pick up of y | our freight? V N |
| Pick Up Location: | e |
| Pick Up Contact: | |
| Tick op Contact. | _ Cargo Ready Date. |
| Do you wish for DJS to arrange for cargo insura (If "YES," we must have a completed DJS Cargo Insura Mode: Air Ocean Dome | surance Election Form on file for your company) |
| | |
| Prepaid Collect Incoterm/Terms of | ECI 402 ECI 402HO |
| Ocean Container Type: LCL FCL 20 | FCL 40' FCL 40'HQ other |
| Piece Count: Dimensions (per piec | ee): Gross Weight: |
| | ue of Goods: Hazardous? Y N |
| Type of Packaging: | Special Equipment Required: |
| Special Instructions or other information (attach | extra pages if needed): |
| | |
| | |
| | |
| <u></u> | FOR DJS USE: |
| Company | · |
| | PREPARED BY |
| Name and Title | PREPARED ON |
| | |
| Signature Date | QUOTE # |

U.S. CUSTOMS BROKER AND INTERNATIONAL FREIGHT FORWARDER