



700 N. 3<sup>rd</sup> Ave  
Altoona, PA 16601

Phone: 814.944.9482  
Fax: 814.944.9484

### RATE QUOTATION

Date: \_\_\_\_\_  
Quote #: \_\_\_\_\_

We are pleased to quote you the rates on the business discussed. Please review all information so we may provide the services required in the quote. **Service to you and your customer** is of utmost importance to us. Your information will help us provide that **SERVICE** and an accurate quote.

<b>SHIPPED FROM</b>	<b>DELIVERED TO</b>	PREPAID _____ COLLECT _____
CITY:	CITY:	3 <sup>rd</sup> PARTY BILLING or Freight Broker? Yes ___ No ___
STATE:	STATE:	
ZIP:	ZIP:	

**PRODUCT DESCRIPTION**

**TRANSIT SERVICE REQUIRED**

Quantity \_\_\_\_\_ Weight \_\_\_\_\_ Class \_\_\_\_\_ Linear Feet \_\_\_\_\_

Palletized? Yes \_\_\_ No \_\_\_ HAZ-MAT? Yes \_\_\_ No \_\_\_ EXPO SHOW Yes \_\_\_ No \_\_\_

**PLEASE CHECK OFF SERVICE REQUIRED**

<b>AIR RIDE</b>	YES _____	NO _____	<b>DELIVERY</b>		
<b>LIFT GATE REQUIRE</b>	YES _____	NO _____	<b>APPT. TEMP CONTROL</b>	YES _____	NO _____
<b>DRIVER ASSIST LOAD/UNLOAD</b>	YES _____	NO _____	<b>FOOD WHSE</b>	YES _____	NO _____
<b>COD</b>	YES _____	NO _____			

**ANY OTHER SERVICES OF OTHER INFORMATION TO AID OR SERVE YOU**




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**THE QUOTE AS FOLLOWS:**

BASE RATE	\$	.
OTHER CHARGES	\$	.
_____	\$	.
_____	\$	.
_____	\$	.
FUEL SURCHARGE	\$	_____

**THIS QUOTE IS GOOD FOR THE FOLLOWING:**

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

**PLEASE NOTE...**As prudent business managers it is required to have approved credit prior to shipping. If we do not have credit information on file, please return the enclosed credit application so we can establish credit for you.

Thank You,  
Robert B. Kreuter  
Director of Logistics

**I ACCEPT THIS QUOTE:**  
NAME: \_\_\_\_\_  
COMPANY \_\_\_\_\_ DATE \_\_\_\_\_