

Grant Transport  
New Hamburg, ON

## Rates Request Form

Please provide necessary information and fax it to 519-662-1978.

Attention: Sharon Gingerich, Tracey Thorne

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Load From: \_\_\_\_\_

Delivery To: \_\_\_\_\_

Pickup Date: \_\_\_\_\_

Pickup Time: \_\_\_\_\_

Delivery Time: \_\_\_\_\_

Lumper Require: \_\_\_\_\_ (YES/NO), Yes, specify: \_\_\_\_\_

Full Load: \_\_\_\_\_ (YES/NO)

LTL: \_\_\_\_\_ (YES/NO)

LTL # of Skids: \_\_\_\_\_

Weight: \_\_\_\_\_

Load Skidded: \_\_\_\_\_ (YES/NO)

Hand Bombed: \_\_\_\_\_ (YES/NO)

Driver Assist: \_\_\_\_\_ (YES/NO)

One Time Shipment: \_\_\_\_\_ (YES/NO)

Regular Shipment: \_\_\_\_\_ (YES/NO)

How Often: \_\_\_\_\_ (D #/M #)

Product: \_\_\_\_\_

MT Miles: \_\_\_\_\_

Rate In: \_\_\_\_\_ (\$CA/\$US)

Additional Conditions or Comment:

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