

TL SHIPPING

# TL SHIPPING RATE REQUEST FROM

Please fill out from and fax back to 902.468.1786

Company Name

Name

Phone

Fax

Email

From

To

Door/Door  Door/Port  Port/Port  Port/Door

Commodity

If hazardous please advise UN#, page#, pkg group and class #

UN #

Page #

Packing Group

Class #

If LCH (Less than container load), please provide:

# of Pieces

Size

Weight

Air

Ocean

If FCH (full container load), please check

20PV

20' Reefer

RO/RO

40DV

40' Reefer

Other \_\_\_\_\_

40HQ

40 Flat Rack

If RO/RO (Roll on, roll off), or break bulk please provide dimensions (l x w x h)

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