



PRIORITY HANDLING LOGISTICS, INC.

QUOTATION FORM

Ref. No. _____	Date: _____	Validity: _____	Sales Rep: _____
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SHIPPER DETAILS

Name: _____

Company: _____

Address: _____

City: _____ State/Prov.: _____

Country: _____ Zip/Postal _____

Telephone: _____

Fax No.: _____

Email: _____

DELIVERY DETAILS

Name: _____

Company: _____

Address: _____

City: _____ State/Prov.: _____

Country: _____ Zip/Postal _____

Telephone: _____

Fax No.: _____

Email: _____

Full Description of Goods/Commodity

SERVICE REQUIRED (please check box)

- Document
- Parcel
- Door-to-Door
- Door-toPort
- By Air
- By Sea
- By Land

DIMENSIONS (in cms)

Actual Weight	Box #	Length	Width	Height	Volume Weight
	Box 1				
	Box 2				
	Box 3				
	Box 4				
	Box 5				
	Box 6				
	Box 7				
	Box 8				
	Box 9				
	Box 10				

Valuation

Quantity

Actual weight (kg)

Total Actual Weight (kg)

Total Volume Weight

OUR QUOTE:

Freight Charge	+	Fuel Surcharge	+	Other Charges	+	VAT
						Total