

Cargo Motions LLP

Trailer transport quote request form

Phone: (570) 409-6637 Fax: (484) 489-2781 Email Darryl@poweronlytrucking.com

Call or email us for your rate Quote As well!

Trailer Information

Trailer Type * _____ Make * _____ Model * _____
Year _____ VIN # _____ Hitch Type * _____
Web address for manufacture's specs _____

Measurements

Specs from manufacture/actual measurements only! **No ESTIMATES**

Height ** _____ Length ** _____ Width** _____ Weight** _____
Number of axles _____ 1 axle over 20,000lbs (Y/N) 2 axles over 34,000lbs (Y/N) 3 axles over 60,000lbs (Y / N)
Kingpin Weight _____ Axle Weights _____
Equipment's Value \$ _____ Tire Condition _____
Light's Functional _____ Brake Condition _____

Company Name _____ Origin _____ Destination _____
Address _____
City, ST _____
Phone/ Contact _____

*This information is needed for me to research the equipment.

**This information is the controlling factors in the rate. Very important for this information to be accurate.

Shippers Information

Name _____ Phone _____ Fax _____
Email _____ Preferred Contact method _____
Comment _____

This is only an estimate based on information provided. In the event the information is not correct the rate is subject to change.

Office Use only

Date received _____ Verified Specs based on manufacture (Y / N) Accurate (Y/N) If No explain _____

Estimated Mileage _____ Tandem _____ Tri-axle _____ States _____

Person Providing Quote _____

Comments _____

Quote Amount \$ _____

Includes permits (Y/N) _____ Escorts (Y/N) _____