FREIGHT QUOTE PROVIDED BY:

Your success is our success.

Request Date:		**Contact Information:**	
		Phone:	
Company Name:		**Fax:**	
Address:		**Email:**	
City & State:			
Zip Code:			
Contact Name:			
Phone:			
Fax:			
Email:			

ORIGIN CITY & STATE	DESTINATION CITY & STATE	EQUIP TYPE	EQUIP SIZE	ROUTE MILES	FREIGHT RATE

Notes: ***Accessorial charges and minimum charges may effect the total charge per trip**
***Truckload maximum insurance liability of $100,000 USD**
***All rates are based upon US $**

IN ORDER TO IMPLEMENT THESE RATES, YOU MUST SIGN AND FAX TO LDI SALES REPRESENTATIVE .

THESE RATES ARE NOT VALID UNTIL SIGNED AND RECEIVED BY LDI.

THESE RATES WILL BECOME EFFECTIVE ON THE DATE RECEIVED BY LDI

Customer Signature: _____