



QCS - Quote Request Form

Requester Name *	Requester Phone *	Requester Email *
Shipment Due Date *	Service Requirements * <input type="checkbox"/> Standard <input type="checkbox"/> Guaranteed	
PO/SO Number	Pickup Number	Loading Requirements/Hours*

Mode

Dry Van Refrigerated LTL/Partial Flatbed Tanker Intermodal

Shipper Information

Shipper Name*	Shipper Phone Number*
Shipper Address	

Consignee Information

Consignee Name *	Consignee Phone Number
Consignee Address *	Unloading Hours

Product Information

Product Description *			
Number of Pallets	Piece Count	Weight In Pounds *	Dimensions (LxWxH)
Check All That Apply <input type="checkbox"/> Notify Prior To <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Delivery Lift Gate <input type="checkbox"/> Inside Delivery		Additional Comments/Clarification	
Hazmat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proper Shipping Name	UN Number	Packing Group
	Hazard Class	24 Hour Emergency Contact	
Temperature Requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Temperature Required:	

* Required Information

Please include breakdowns for multiple shipments.

This shipment placement form will be submitted to QCS's Enterprise Account Team at BlueGrace Logistics. If you do not receive communication from your above request within 1 hour from submission, please email QCS@mybluegrace.com