

D.T. Chicagoland Express, Inc., D.B.A.



Attention: CXI Trucking Pricing Department

Attn: Kim

Fax: 708-344-9449

Email: rates@cxitrucking.com

SPOT QUOTE

| | | |
|------------------------------|------------------------------|-------------|
| Shipper Name: _____ | Consignee Name: _____ | Date: _____ |
| Address: _____ | Address: _____ | |
| City: _____ | City: _____ | |
| State: _____ Zip Code: _____ | State: _____ Zip Code: _____ | |
| Sales Code: _____ | Sales Code: _____ | |

Debtor Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Sales Code: _____
 Pickup Date: _____

| | |
|------------------------------|------------------------|
| Commodity Description: _____ | NMFC: (If Known) _____ |
| _____ | Class (If Know) _____ |
| _____ | Density: _____ |

| | | |
|-------------------------|------------------------------------|-----------------|
| No. of Loose Pcs. _____ | # Drums: _____ | # Pallets _____ |
| TTL Gross Weight _____ | Total Lineal Feet of Trailer _____ | |
| Can Pallets be Stacked | Yes | No |

| | | |
|--------------------------------|-------------|--|
| Send Confirmation of Quote to: | | |
| Attention: _____ | | |
| Phone#: _____ | Fax#: _____ | |
| Email Address: _____ | _____ | |

| | |
|---|---|
| To be completed by CXI Trucking Pricing Department: | |
| Price Quote: _____ | Quote #: _____ |
| Expiration Date: _____ | (Must be noted on Bill of Lading at time of shipping) |