

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)