



# SHIVAN TRUCKING CORP.

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NEW YORK 11420

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## Quote Form

### 1-PERSONAL DETAIL

DATE:

<b>Name</b>	
<b>Address</b>	
<b>Tel</b>	
<b>Fax</b>	
<b>E-Mail</b>	

### 2-ORDER DETAIL

#### Pick Up Information

#### Delivery Information

Address:		Address:	
City/ Town:		City/ Town:	
State:		State:	
Zip:		Zip:	
P/U Contact:		Del.Contact:	
P/U Date:		Del.Date:	
P/U Time:		Del Time:	

### 3-SERVICE INFORMATION:

Pieces	Skids	Weight	Dimension		
			L x	W x	H

Inside Delivery	Helper	Union	Liftgate	Loading dock
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Trailer	Truck	Van
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### YOUR QUOTE:

Look forward to doing business with you, Thanks