



HASSELL FREE SHIPPING

INCORPORATED 

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RATE QUOTE REQUEST FORM

DATE: _____

COMPANY NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

FCL _____ OR LCL _____ CONSOLIDATION _____ OR PACKAGE _____

COMMODITY: _____ DESTINATION: _____

WEIGHT: _____ CUBES: _____ VALUE: _____

VEHICLE QUOTE: YEAR: _____ MAKE: _____ MODEL: _____

EXT. BODY WIDTH: _____ EXT BODY HEIGHT: _____ EXT. LENGTH: _____

CURB WEIGHT: _____ ENGINE: _____ FUEL: _____ VALUE: _____

CONSIGNEE NAME: _____

ADDRESS: _____

CITY _____ COUNTRY _____

TELEPHONE: _____ FAX: _____