



# RATE QUOTATION FORM

E-mail: [rfq@uclinc.com](mailto:rfq@uclinc.com)

DATE: \_\_\_\_\_

FREIGHT CHARGE TYPE:  Prepaid  Collect  3rd Party

SHIPPER INFORMATION	ID#:
SHIPPER: _____	
CONTACT FULL NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____ ZIP CODE: _____	
PHONE NUMBER: _____	

CONSIGNEE INFORMATION	ID#:
CONSIGNEE: _____	
CONTACT FULL NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____ ZIP CODE: _____	
PHONE NUMBER: _____	

DELIVERY TYPE:  Pick up (in Terminal)  Commercial  Residential  Convention Show Freight

COMMODITY:  General Merchandise  Electronics  Perfume  Garments  Other: \_\_\_\_\_

### SHIPMENT INFORMATION

BOXES: \_\_\_\_\_ PALLETS: \_\_\_\_\_ ROLLS: \_\_\_\_\_ TOTAL WEIGHT : \_\_\_\_\_ Lbs.

LIFTGATE REQUIRED:  AT PICK UP  DROP OFF  N/A

DIMENSIONS:  INCH  CM

\_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  Per Box  Per Pallet  Or total TOTAL CUBIC: \_\_\_\_\_  CBft  CBM  
LENGTH WIDTH HEIGHT

**PLEASE USE NEXT PAGE OR E-MAIL FOR ADDITIONAL MEASURES**

DECLARED VALUE (INSURANCE) \$: \_\_\_\_\_  
(50 cents per every \$100.00)

COD AMOUNT \$: \_\_\_\_\_  
(1% or \$20 min.)

**TERMS AND CONDITIONS: RATE QUOTE OFFERED FOR YOUR CONSIDERATION IS BASED ON DEFERRED SERVICE WITH NO GUARANTEE IN DELIVERY TIME. IF YOU REQUIRE GUARANTEE DELIVERY PLEASE CONTACT OUR OFFICE. DIFFERENT RATE WILL APPLY.** When tendered weight differs from reweigh or dimensional weight, ACTUAL RATE will differ from your original quote received. ALL RATE QUOTE are Spot Rate (One Time Rate) and does not constitute changes to your current rate on file. Unless indicated ALL ACCESSORIAL CHARGES including Declared Value Charges, COD charges, FSC, and other surcharges are additional. High Declared Value: Additional charge will apply when declared value is higher than \$65 per pound. All shipments tendered to UCL, are governed by Terms and Conditions of UCL. Additionally, UCL, Inc. does not provide any coverage for fragile items. By tendering your shipment, you are releasing any and all liability in regards to damages and breakage of such fragile shipment. All rate quotes are valid for only 15 days from requested dates. **THIS QUOTE FORM EXCLUDES SHOW FREIGHT. A DIFFERENT FORM MUST BE USED.**

➔ Sign to acknowledge your understanding and agreement to all terms (not valid if not signed). X \_\_\_\_\_

### OFFICE USE ONLY

TOTAL WEIGHT: \_\_\_\_\_ Lbs.

DECLARED VALUE: (INSURANCE – 50 cents per every \$100.00 declared)

\$ \_\_\_\_\_

TOTAL DIMENSIONAL WEIGHT: \_\_\_\_\_ Lbs.

COD FEE:

\$ \_\_\_\_\_

FREIGHT CHARGE:  Actual Weight  Dimensions Weight

\$ \_\_\_\_\_

FUEL CHARGE:  %

\$ \_\_\_\_\_

TOTAL FREIGHT CHARGES: \$ \_\_\_\_\_

Rated by: \_\_\_\_\_

HOLD FOR PICK UP AT \_\_\_\_\_

TERMINAL.

NOT IN SERVICE AREA



DIMENSIONS:  INCH  CM TOTAL CUBIC \_\_\_\_\_  CBFt  CBM

<b>DIMENSIONS</b>						
<b>BOX or PALLET #</b>	<b>QTY</b>	<b>WEIGHT</b>	<b>LENGTH</b>	<b>WIDTH</b>	<b>HEIGHT</b>	<b>CUBIC</b>
<b>TOTAL</b>			<b>TOTAL CUBIC</b>			