	CENTRIX GLO	DBAL DISTRIBUTOR	S (CGD) REQUEST FOR	QUOTE
SHIPPER INFORMATION			RECEIVER INFORMATION	
Contact Name			Contact Name	
Company Name			Company Name	
Email Address			Email Address	
Phone #			Phone #	
Address 1			Address 1	
Address 2			Address 2	
City			City	
State (if applicable)			State (if applicable)	
Country			Country	
Postal Code			Postal Code	
SHIPMENT I	NFORMATION (PLEAS	E INDICATE KG / LBS /	IN / CM / MM) ***Please us	se additional page if needed.
Pieces	LENGTH	WIDTH	HEIGHT	WEIGHT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
		DESCRIPTION OF	FCOMMODITY	
				D AS DANGEROUS GOODS OR CONTAINING ING SUCH ITEMS. NO ILLEGAL ITEMS ARE
Insurance Y / N		Total Value (USD)		
Requestor Name			Phone / Email	
	BELOW SECTION	ON TO BE COMPLETED	BY CENTRIX GD REPRESI	ENTATIVE
Received by:			Date:	
provided by the requestor at the	e time of the request. CGD is i	not responsible for any addition	onal fees added by the carrier or a	to change and is based only on information ny governing entity of state or country at the time of IBJECT TO THE TERMS OF CARRIAGE OF THE