



# Air Export Quotation Request

FAX 866-223-4685 or 479-785-8938 • Email: exports@abf.com

## REQUESTING PARTY

### \* Required Information

*Enter 000000 if you do not have an ABF account number*

Submitted by\* \_\_\_\_\_ ABF Acct. # \* \_\_\_\_\_  
 Company Name\* \_\_\_\_\_ Phone\* \_\_\_\_\_  
 Address\* \_\_\_\_\_ Fax \_\_\_\_\_  
 City\* \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
 State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_ Email\* \_\_\_\_\_  
 Contact Person\* \_\_\_\_\_

## ORIGIN (If other than above)

Shipper's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Alt. Phone \_\_\_\_\_

## DESTINATION – Foreign Point

**Customer Door or Airport Only\*** (If DOOR, provide complete address; if AIRPORT, only provide city and country)

Business Name\* \_\_\_\_\_  
 Address\* \_\_\_\_\_  
 City\* \_\_\_\_\_ Postal Code\* \_\_\_\_\_  
 Country\* \_\_\_\_\_

## FREIGHT DETAILS

Check if hazardous & supply: HazMat Class \_\_\_\_\_ UN Number \_\_\_\_\_ Packing Group \_\_\_\_\_ Flash Point \_\_\_\_\_

Check if insurance coverage is required: \$ \_\_\_\_\_ Value (Expressed in U.S. dollars)

PALLET/ # PIECES	DIMENSIONS PER PIECE			TOTAL WEIGHT		COMMODITY DESCRIPTION
	Length	Width	Height	LBS	KGS	
*	*	*	*	*	*	*

\*When is freight ready to ship? \_\_\_\_\_ \*What is the value of this freight? (U.S. dollars) \$ \_\_\_\_\_

\*What is the harmonized tariff code/schedule B number for this freight? \_\_\_\_\_

Payment Terms (select one):      PPD      COL      Third Party (\* Required Information)

### If Third Party:

Company\* \_\_\_\_\_ Address\* \_\_\_\_\_  
 City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

## Additional Information or Services Required