



# QUOTE REQUEST

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

Name of the company			
Address			
City		Province	
Postal code			
Tel number (office) ( )	Tel number (garage) ( )	Fax ( )	Email / internet

### TYPE OF EQUIPMENT NEEDED

Closed semi trailer <input type="checkbox"/>	Flatbed semi trailer <input type="checkbox"/>
Refrigerated semi trailer <input type="checkbox"/>	Dropdeck semi trailer <input type="checkbox"/>
Storage semi trailer <input type="checkbox"/>	Others :

### DIMENSIONS

28 ft <input type="checkbox"/>	36 ft <input type="checkbox"/>	53 ft <input type="checkbox"/>
32 ft <input type="checkbox"/>	48 ft <input type="checkbox"/>	Others :

### SPECIFICATION NEEDED

1 axle <input type="checkbox"/>	Barn door <input type="checkbox"/>	Extendable <input type="checkbox"/>
2 axles <input type="checkbox"/>	Roll-up door <input type="checkbox"/>	Air ride <input type="checkbox"/>
3 axles <input type="checkbox"/>	Side door <input type="checkbox"/>	Tailgate <input type="checkbox"/>
4 axles <input type="checkbox"/>		Autres :

COMMENTS & SPECIAL DEMANDS :

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