



PRO # _____

Agent: _____

Shipper: _____

Contact: _____

Phone: (_____) - _____

Fax: (_____) - _____

Load Information:

Origin: _____ Zip Code: _____

Location: _____ Address: _____

Contact: _____ Phone: (_____) - _____

Destination: _____ Zip Code: _____

Location: _____ Address: _____

Contact: _____ Phone: (_____) - _____

Model: _____ Serial # _____

Pickup # _____ Commodity: _____

Weight: _____ Quantity: _____

Load Description: _____

Note: This quotation is only an estimate of charges based on the load information provided, this quote is valid for (14) days. Any changes in the load description above may alter the amount charged. If the commodity value is over \$100,000, special cargo insurance is required, and carrier's agent must be advised of the declared value. This rate includes all stop-off charges, fuel surcharges, loading, unloading, etc. In exchange for the rate set forth herein, it is understood and agreed that the liability of **Kilian Logistics LLC** for loss, damage, or delay to cargo is subject to the Carmack Amendment, and is limited to the lesser of the actual value of the goods or \$100,000 per truckload.

RATE: \$ _____

PRINTED: _____

SIGNATURE: _____



DATE: ____/____/____