

# Triple S Transport Freight Quote Sheet

Fax: 306-747-3574 Email: [gregm@triplestransport.com](mailto:gregm@triplestransport.com)

Company Name: \_\_\_\_\_

Shipment origin(exact address if known): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Shipment destination(exact address if known): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Load Details(length/width/height/weight/# of pieces)Attach photo if available: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Expected Delivery Schedule: \_\_\_\_\_

Type of trailer requested(Step deck/Low runner Step/Super B/Double Drop/Step Deck Trombone): \_\_\_\_\_

Tarp required(Yes/No): \_\_\_\_\_

Estimated number of loads: \_\_\_\_\_

**The more detailed information supplied, the more accurate the quote!**

**Quote#:** \_\_\_\_\_ **Quote date:** \_\_\_\_\_

**Quote amount:** \_\_\_\_\_

**Quotes are valid for 30 days from above date.**

