

# Twinco Enterprise, Inc.

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## Rate Request

Date: \_\_\_\_\_ Reference #: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Ph. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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Origin City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Destination City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Weight: \_\_\_\_\_ Pieces: \_\_\_\_\_ Plt: \_\_\_\_\_

Size/Dims: \_\_\_\_\_

Commodity: \_\_\_\_\_

Haz Mat: \_\_\_\_\_ Stackable: \_\_\_\_\_ Appointment: \_\_\_\_\_ Lift Gate: \_\_\_\_\_

Residential / Non-Commercial Pickup/Delivery: \_\_\_\_\_

Other Instructions or Special Services Not Listed:  
\_\_\_\_\_  
\_\_\_\_\_

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\*\*Total rate is based on information provided and includes the FSC that is subject to change. Rates provided do not include any accessorial charges or fees unless otherwise requested. Rates provided are based upon shipper load and consignee unloads. Transit times are estimated and not guaranteed, unless otherwise requested. \*\*

Rate: \_\_\_\_\_ Estimated Transit Time: \_\_\_\_\_