GREAT CANADA LOGISTICS INC

Date:



Rate Request Form – Generic

Please fill out this rate request form and e-mail it to the GCL team at greatcanadalogistic@gmail.com . Thank you for your request and we will respond as soon as possible.

Personal Information			
Company:		Email Address:	
Contact:		Telephone Number:	
Freight Location Information			
Origin Point Address:			
Prov/State:		Shipping Time:	
Postal/Zip:		Shipping Date:	
Destination Point Address:			
Prov/State:		Receiving Hours:	
Postal/Zip:		Delivery Date:	
Commodity Information Package Description:			
Commodity: Is the freight skidded: Total Weight: Dimensions (LxWxH):	YES□/ NO□ LBS □/KGS□ INCHES□/CM □	No. of Skids Class Number: UN Number:	
Differisions (EXVVXII).	INCHESEL/ CIVI	ON Number.	
Dangerous Goods: Heated Service Protection:	YES / NO YES / NO	Shipping Appointment Required: YES□/ Delivery Appointment Required: YES□/	NO 🗆
Special Instructions:			