



## Rate Request Form – Generic

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

Date:

### Personal Information

Company:

Email Address:

Contact:

Telephone Number:

### Freight Location Information

Origin Point Address:

Prov/State:

Postal/Zip:

Shipping Time:

Shipping Date:

Destination Point Address:

Prov/State:

Postal/Zip:

Receiving Hours:

Delivery Date:

### Commodity Information

Package Description:

Commodity:

Is the freight skidded:

YES / NO

No. of Skids

Total Weight:

LBS / KGS

Class Number:

Dimensions (LxWxH):

INCHES / CM

UN Number:

Dangerous Goods:

YES / NO

Shipping Appointment Required: YES / NO

Heated Service Protection:

YES / NO

Delivery Appointment Required: YES / NO

Special Instructions: