



Air Import Quotation Request

FAX 866-223-4685 or 479-785-8938 • Email: imports@abf.com

REQUESTING PARTY

*** Required Information** Enter 000000 if you do not have an ABF account number

Submitted by* _____ ABF Acct. # * _____

Company Name* _____ Phone* _____

Address* _____ Fax _____

City* _____ Alt. Phone _____

State* _____ ZIP* _____ Email* _____

Contact Person* _____

ORIGIN – Foreign Point

Customer Door or Airport Only* (If DOOR, provide complete address; if AIRPORT, only provide city and country)

Business Name* _____

Address* _____

City* _____ Postal Code* _____

Country* _____

DESTINATION (If other than above)

Consignee's Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

Contact Person _____ Alt. Phone _____

FREIGHT DETAILS

Check if hazardous & supply: HazMat Class _____ UN Number _____ Packing Group _____ Flash Point _____

Check if insurance coverage is required: \$ _____ Value (Expressed in U.S. dollars)

PALLETS/ # PIECES	DIMENSIONS PER PIECE			TOTAL WEIGHT		COMMODITY DESCRIPTION
	Length	Width	Height	LBS	KGS	
*	*	*	*	*	*	

*When is freight ready to ship? _____ *What is the value of this freight? (U.S. dollars) \$ _____

*What is the harmonized tariff code/schedule B number for this freight? _____

Payment Terms (select one): PPD COL Third Party (* Required Information)

If Third Party:

Company* _____ Address* _____

City* _____ State* _____ Zip* _____

Additional Information or Services Required