

# CMS Transportation

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## Job Request Form

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

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number:

### FREIGHT INFORMATION

#### • Origin

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### • Destination

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Hazardous Material:  Yes  No

Driver Assist Load or Unload:  Yes  No

Declared Value: \_\_\_\_\_

Please check all that apply:

- Inside Delivery  Mall Delivery  Residence  Convention Center  
 Dunnage Removal  Liftgate Required  Uncrate Or Unpack  Blankets  
 Straps  Rollerbed  Two Men  Three Men  Four Men  C.O.D.  
 F.C.C.O.D  Saturday Delivery  Sunday Delivery  Appointment Required

Weight:  Lbs  Kilos

# of Pallets (if available) \_\_\_\_\_

Standard Pallets:  Yes  No\*

\*If "No" Please Specify:

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

# of Pieces: \_\_\_\_\_

Equipment Type: Please Choose...  Regular  LTL  Reefer  Van

Box  Truck  Trailer

Other (please specify below)

LTL Class: (If available)

Other Comments, Instructions, and Equipment Type Specifications:

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We will be in contact with you promptly.

If you have any questions, or need immediate assistance please call 516-239-2155