



Quote Request Form

Rev. Date 27/01/2012

20 Gantry Place Braemar NSW 2575
 PO BOX 355 Mittagong NSW 2575
 Phone: (02) 4872 1044
 Fax: (02) 4871 3775

Email: nsw.ops@lyonstransport.com.au Date: _____

Please note in order to give an accurate quote all the following details are required.

Pickup date:	Pref.Pickup Time:	Delivery date:	Pref. Del. Time
From:		To :	
Contact name:		Contact name:	
Contact phone:		Contact phone:	

Special Instructions:	Freight payable by:
	Contact phone:

Description of Goods (Please note we are not carriers of Dangerous Goods)	Weight (kg)	Dimensions L x D x H(cm)	Pallet Spaces (1.2 x1.2 Mtrs) no overhang

Customer Checklist. Please check on any of the following.

Pickup Address

- Forklift/Crane/None Available (Please Circle)
- Specific Pickup Time _____
- Access for Semi trailer available

Delivery Address

- Forklift/Crane/None Available (Please Circle)
- Specific Delivery Time _____
- Access for Semi trailer available

For Office Use Only		Customer Acceptance			
Quote No. _____		Name _____			
Quoted by _____		Customer Signature: _____ Date: _____			
Freight :	\$ _____	Payment Details:			
On Forwarder	\$ _____			Direct Deposit / VISA / MCARD (Please Circle)	
Total Price incl GST	\$ _____			Card No: _____ Exp Date _____	
		Name on Card _____			