

*Denotes required field

Fax: (718) 701-1048

Attn: Capt. Yucel Yilmaz

REQUEST A QUOTE

*1. Full name: _	2. Organization:
*3. Industry:	(Please refer to the selections on our website)
4. Address:	
5. City:	6. State/Province:
7. Zip code:	8. Country: 🗆 USA 🗆 Canada
*9. Tel: () - *10. Fax: (<u>) - </u>
*11. Email addre	ess:
*12. How do you	want us to respond: Email Phone Fax
*13. Interested in	n: ☐ Used Container ☐ New Container ☐ Both Used and New
*14. Used for:	☐ Ground Storage ☐ Export Shipping ☐ Both
*15. Specify the	container you need:
15a. Size:	□ 20' □ 40' □ 45' □ 48' □ 20' HC □ 40' HC □ Other
15b. Type:	□ Standard (Dry Van) □ Open Top □ Refrigerated □ Flat Rack
	☐ Insulated ☐ Bulk ☐ ISO Tank ☐ Double Door ☐ Aluminum
	er
	container(s) needed:
*17. Where the c	container(s) needed: State/Province Zip code
	uired? □ No □ Yes (If you check Yes , please go to 18a)
	red via: Flat-bed truck Tilt-bed truck (If you check Tilt-bed truck , please go to 18b)
18b. Contai	ner door must face to: the cab the rear of the truck
19. How did you	hear about us: □ Newspaper □ Magazine □ Flyer □ Internet Search Engine □ Friends/co-workers/family □ Other
20. Comments	: