

# Hansen's Transport 425-252-2121

## QUOTES / Work Order / Bill of Lading

**This form is required by law for the Washington State Department of Transportation (DOT)**

*(This is a "fillable" form, so you can type it online, print it, scan it and email back to us. If writing, please complete it fully and legibly. Fax to 425-339-8476, OR - scan & email to [hansenstowing@frontier.com](mailto:hansenstowing@frontier.com))*

Today's Date: \_\_\_\_\_

**REQUESTOR:**      **Company or Person:** \_\_\_\_\_

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

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

Office Phone / Fax #: \_\_\_\_\_

Contact Name and Cell: \_\_\_\_\_

Email Invoice to: \_\_\_\_\_

How Many Containers? \_\_\_\_\_

What Size Containers? 20' or 40'? \_\_\_\_\_

Are they Empty or Loaded \_\_\_\_\_

Date You Want This Done (Approx)? \_\_\_\_\_

**PLEASE NOTE:** All Estimated Times of Arrival (ETAs) given by the dispatcher are subject to change due to traffic and/or weather conditions, and are not usually available until the night before or the morning of the job date.

**Out-of-State Container Vendors:** If you ask for a container inspection, our drivers will inspect to the best of their ability for any clear and obvious defects. We are not to be held responsible for any unnoticed defect your customer may find.

PO # (if any): \_\_\_\_\_ Door Direction (check one):      to Cab      to Rear

**P/U FROM:**      **Company or Person:** \_\_\_\_\_

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

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

Contact Name and Cell: \_\_\_\_\_

Release # (if needed) \_\_\_\_\_

**DEL. TO:**      **Company or Person:** \_\_\_\_\_

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

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

Contact Name and Cell: \_\_\_\_\_

Special Instructions for the Driver? \_\_\_\_\_

How Many Miles? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

(Get miles from GoogleMaps / MapQuest) \_\_\_\_\_

**PLEASE NOTE – Additional Fees:** Any quote given is only good if the container is accessible, clean, and able to be picked-up and delivered on solid, flat ground. Any extra labor or truck time involved at the pick-up or delivery site is \$95.00/hour more. If paying by check, any returned checks will result in a \$35 fee.

Customer Signature: \_\_\_\_\_ Date \_\_\_\_\_

(After Delivery)