

## LTL TARIFF REQUEST



Customer Na	ame:			Address:			
Contact:			Telephone	e #:	_		
Account # if	avail:		Email:				
Shipping Ori	gins:						
City	Prov/	Name	Address	Days/Hours	Pool	Other	Live/
	State						Drop
•	•	n:					
			tect from freezing high				
			es bundles gaylor	ds crates loose	e cartons _	bunks	
other							
Density/Clas			.d o.n\ + + - + f:- -+ /	unnat ha stacked em	No sta-l		
			ed on) top freight (ca	innot be stacked on) _	ino stack	(	
		daily weekly		chinning units nor nicles	ın		
			ts per pickup total s	sinpping units per picku	ıh		
Other Opera		e: shipping units p	er delivery/probili				
Other Opera	itional Det	.aiis.					
Destination(	s):						
City	Prov/	Receiver Name	Address	Equipment	Volume	Service	Appts?
	State					(IM/OTR)	
Toronto	ON						
Montreal	QC						
Winnipeg	MB						
Regina	SK						
Saskatoon	SK						
Calgary	AB						
Edmonton	AB						
Vancouver	BC						
Moncton	NB						
Halifax	NS						
A 1 199							
Additional /			Address	Farrings and	Malines	Comittee	Annta
City	Prov/	Receiver Name	Address	Equipment	Volume	Service (IM/OTR)	Appts?
	State					(1141/0111)	
	-						
					1	1	

Describe any additional operational limitations or service requirements:								

All freight quotes provided by APPS Transport Group for transportation and/or related activities are subject to the terms and conditions contained in APPS Tariff 100 and applicable railway tariffs as amended from time to time and in the event of a conflict between the provisions of APPS Tariff 100 or this quote and the shippers bill of lading or load tender, the terms of this quote and APPS Tariff 100 shall govern for all purposes. All shipments are subject to the applicable fuel surcharge unless otherwise noted as including fuel.