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RATE REQUEST FORM

Contact Name			
Company Name			
Phone		Fax	
Email			

Commodity Description		HAZARDOUS?	Y		N
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STCC #					
If hazardous, UN#		Haz Class		Packaging Group	

INTERMODAL
 HIGHWAY
 BOTH

Origin City	ST	Zip Code	Destination City	ST	Zip Code	Equipment Preference				
						20'	40'	45'	48'	53'

*Note Other rail and highway equipment available upon request.
 All rates will be quoted as stay with; shipper load, consignee unload, no driver touch.
 A fuel surcharge, when applicable, will be added to all rates. Please call us or visit our website for current fuel surcharge information.
 All rates and services are subject to Genex Standard Terms & Conditions.
 If you require special equipment or services, please describe below:

Volume/Units Monthly Weekly

Current Mode Truck Rail N/A

Rate needed Flat Rate CPM Rate

Priority Service Price