



“Customer E-Tool” form/questionnaire

Rate Quote

Please fill in the information below. Be sure to click the "Submit Request" button. A Haines Transportation representative will contact you shortly to complete the Rate Quote process. Bold fields marked with an asterisk (*) are required.

First Name * _____

Last Name * _____

Company * _____

HQ Address * _____

HQ City, State/Province, Zip * _____

Phone * _____

Email * _____

Origin City, State/Province, Zip * _____

Destination City, State/Province, Zip * _____

Number of Additional Stops * _____

Commodity * _____

Trailer Type * _____

Power On/Off at Origin? * _____

Power On/Off at Destination? * _____

Hazmat Required?* _____

Approximate Weight * _____

Number of Loads Per Week * _____

Referred by Existing Haines Customer? * _____

Comments:
