



**Trans Canada Logistics-TCL Freight**

**10707 25 St NE Unit #106, Calgary, AB T3N 0A4**

**(587) 200-6566**

**www.tclfreight.com**

**select your role**

- Shipper
- consignee
- Third Party

**NAME/ADDRESS**

<b>Contact Name</b>	
<b>Company Name</b>	<b>Email</b>
<b>Address</b>	<b>City</b>
<b>Province</b>	<b>Postal Code</b>
<b>Contact:</b>	<b>Fax</b>

**Pickup Details**

<b>Company Name</b>	
<b>Contact Name</b>	<b>Email</b>
<b>Address</b>	<b>City</b>
<b>Province</b>	<b>Postal Code</b>
<b>Contact:</b>	<b>Fax</b>

Expected Ready Date

**Additional Pickup Details**

**Location Services**

- Power lift gate required (dock loading not available)**
- Straight truck only (can not accommodate 53' trailers)**
- This is a residential address**

This is a trade show

Additional Details about the Pickup Location(textbox)

### Delivery Details

Company Name

Contact Name

Email

Address

City

Province

Postal Code

Contact:

Fax

Expected Delivery Date mm/dd/yyyy

### Additional Delivery Details

### Location Services

Power lift gate required (dock loading not available)

Straight truck only (can not accommodate 53' trailers)

This is a residential address

This is a trade show

Additional Details about the Pickup Location(textbox)

### Select Service Type

#### 1. Less Than Truck Load

Type	Quality	Length	Width	Height	Unit(in/ft)
<input type="checkbox"/> Pallets					
<input type="checkbox"/> pieces					

Total Weight( )

kg  
 lbs.

Description Of Commodity NMFC # if known(if hazardous, please include freight Class & UN# if known)

### Please Enter Commodity

Can be Stacked	Hazardous	Temperature	FDA(Food and Drug Admin.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **Add additional Details:**

## 2. Truckload(Dry Van)

<b>Total Weight in lbs.</b>	<b>Ft of Trailer req.</b>

<b>Floorload</b>	<b>Temperature Control Req.</b>	<b>Hazardous</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **Description of Commodity(What are you shipping NMFC# if known)**

## 3. Flat Deck

<b>Total Weight in lbs.</b>	<b>Equipment Type</b>

<b>Strapping Req.</b>	<b>Tarping Req.</b>	<b>Escort Req.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **Description (Exact Measurements and Commodity)**

## 4. Other(Air / Ocean)

### • **Detailed Notes About This Shipment**

- Indicate if this is an Air, Ocean, or Intermodal shipment and provide details below.