

# Tri-State Crating & Pallet Co. Inc.

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Contact Name \_\_\_\_\_

Date \_\_\_\_\_

Company \_\_\_\_\_

Date Due \_\_\_\_\_

Mailing / Billing Address

Street (L1) \_\_\_\_\_

Suite (L2) \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax: \_\_\_\_\_

Shipping Address

Ship to billing address

Street (L1) \_\_\_\_\_

Suite (L2) \_\_\_\_\_

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

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## Custom Pallet/ Bases

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1

Customer Part ID. \_\_\_\_\_

Quantity \_\_\_\_\_

Quantity Required \_\_\_\_\_

Date Required \_\_\_\_\_

Size \_\_\_\_\_

Weight Capacity \_\_\_\_\_

Please Mark Choices below:

Configuration  2 Way

4 Way

Usage  One Time Use

Reusable

New

Used

**Additional Quote Page**

Company \_\_\_\_\_ Phone \_\_\_\_\_

**Custom Pallet/ Bases (cont.)**

2

Customer Part ID. \_\_\_\_\_ Quantity \_\_\_\_\_

Quantity Required \_\_\_\_\_ Date Required \_\_\_\_\_

Size \_\_\_\_\_

Weight Capacity \_\_\_\_\_

Please Mark Choices below:

Configuration

Usage

**Custom Boxes**

1

Customer Part ID. \_\_\_\_\_ Quantity \_\_\_\_\_

Quantity Required \_\_\_\_\_ Date Required \_\_\_\_\_

Inside Dimensions \_\_\_\_\_ Weight Capacity \_\_\_\_\_

Product being Crated \_\_\_\_\_ Value \_\_\_\_\_

Destination Country  \_\_\_\_\_

Usage

2

Customer Part ID. \_\_\_\_\_ Quantity \_\_\_\_\_

Quantity Required \_\_\_\_\_ Date Required \_\_\_\_\_

Inside Dimensions \_\_\_\_\_ Weight Capacity \_\_\_\_\_

Product being Crated \_\_\_\_\_ Value \_\_\_\_\_

Destination Country  other: \_\_\_\_\_

Usage