STARTEL-2	Q	uote Form			
□ Ocean □ Air □	Domestic 🛛 Interi	national 🗖 Doo	r to Door	Door to Port	
Inco Terms: (Please advise)					
Shipping From:		Shipping to	Shipping to:		
Company Name		Company N	Company Name		
Address		Address			
City	State	City		State	
Postal Code		Postal Code	2		
Contact Person		Contact Pe	rson		
Area Code Phone		Area Code	Phone		
Weight (Lbs Kg)	Dimensions (inch 🛛 cm)			
# of Skids	Commodity				
	-				
Insurance (if needed)	L				

If anything else is needed on the individual shipments, we will let you

know at the time of working on your quote.