

REQUEST FOR QUOTATION FORM

Please complete the form and return copy through
email to info@premiumlogistics.com.my or fax to +603-80233330



**PREMIUM LOGISTICS
SDN BHD**
(200701019407)

Requestor Name

Contact Number Email

Company Name

Commodity / Product
(Please specify if product is under Dangerous Goods, AND attach copy of MSDS)

Mode of Transport Air Freight Sea Freight Domestic Trucking

Services Ex-Work FOB CIF DAP

Place of Origin & Destination Origin Destination

POD / POL Address
(Please advice if pick-up & delivery arrangement is required)

Quantity & Packing Type Pallet Loose

Dimension
(Length x Width & Height in cm) Weight

Cargo Readiness Date Shipment Expectation Date

Shipment Frequency Per Month Shipment Volume Per Month

How Do You Get To Know Our Company Website By Referral
(Please specify)

Others
(Please specify)