



## Dimensional Load Request Form

Submit completed form to [Clearances@omnitrax.com](mailto:Clearances@omnitrax.com)

### Requestor Information

NAME

PHONE NUMBER

EMAIL

### Billing Information (party responsible for charges)

COMPANY NAME

CONTACT NAME

PHONE NUMBER

EMAIL

### Shipment Information

ESTIMATED SHIP DATE

SHIPPER NAME

CONSIGNEE NAME

ORIGIN CITY, STATE

DESTINATION CITY, STATE

ROUTE

LOADING/UNLOADING POINT

### Lading and Dimensions

COMMODITY

STCC

DIMENSIONS

WEIGHT

VALUE

CAR TYPE (INCL. MECHANICAL DESIGNATION)

### Conditions

**Approval must first be obtained before shipments can be tendered to or accepted by Subscribing Carrier.**

**All dimensional shipments are subject to terms, conditions and rates per General Freight Tariff 5000 and Subscribing Carrier's Rate Tariff 8001 and all subsequent provisions.**