

**BLIND SHIPMENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **FAX NUMBER:** |  | **EMAIL ADDRESS:** |  |

PLEASE UNDERSTAND **THIS IS NOT A BILL OF LADING** AND SHIPMENT WILL NOT BE PICKED UP UNTIL THE BILL OF LADING FOR FINAL DELIVERY IS RECEIVED.

|  |  |
| --- | --- |
| **OWNER/OWNER'S AUTHORIZED AGENT\*** | **ACTUAL PICKUP LOCATION** |
| NameTitleCompany Name PhoneAddressCity, ST, Zip |  | Pick up freight atCompany Name AddressCity, ST, ZipPhone NumberCommodityWeightNumber of SkidsNumber of CartonsHazmat Yes/No? |  |

|  |  |
| --- | --- |
| **SHOW SHIPPER AS** | **DELIVER TO** |
| Please show shipment as: |  | Company Name AddressCity, ST, ZipPhone Number |  |

|  |
| --- |
| **BILL CHARGES TO:** |
| Company Name AddressCity, ST, Zip |  |