

**BLIND SHIPMENT FORM**

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| **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.

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| **OWNER/OWNER'S AUTHORIZED AGENT\*** | | **ACTUAL PICKUP LOCATION** | |
| Name Title Company Name  Phone  Address  City, ST, Zip |  | Pick up freight at Company Name  Address  City, ST, Zip  Phone Number  Commodity  Weight  Number of Skids  Number of Cartons  Hazmat Yes/No? |  |

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| **SHOW SHIPPER AS** | | **DELIVER TO** | |
| Please show shipment as: |  | Company Name  Address  City, ST, Zip  Phone Number |  |

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| **BILL CHARGES TO:** | |
| Company Name  Address  City, ST, Zip |  |