



BLIND SHIPMENT FORM
\$30 FEE APPLIES

ACTUAL SHIPPER:

(Location Freight is Picked Up)

Pro/Freight Bill # _____

Company Name _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip Code _____

SHOW SHIPPER AS:

(Shipper Information to Appear on the Delivery Receipt)

Company Name _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip Code _____

DELIVER FREIGHT TO:

Company Name _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip Code _____

BILL FREIGHT CHARGES TO:

Company Name _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip Code _____

BILL TO INFO APPEARS ON DELIVERY RECEIPT UNLESS BOX BELOW IS CHECKED:

Bill to info **NOT** to appear on the Delivery Receipt