



**BLIND SHIPMENT FORM**  
**\$30 FEE APPLIES FOR EACH CHANGE**

**ACTUAL SHIPPER LOCATION:**

*(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 \_\_\_\_\_

**CONSIGNEE SHOWN ON BOL:**

*(False Consignee Information Entered on BOL)*

Company Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

**ACTUAL DELIVERY LOCATION:**

*(Location where Freight will Deliver 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 \_\_\_\_\_