



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 _____