

# Blind Shipment Form

CONTACT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ACTUAL FREIGHT PICK-UP LOCATION	
STREET	
CITY, STATE	ZIP CODE
CONTACT	PHONE

PARTY ARRANGING FOR BLIND SHIPMENT	ACCT CODE
STREET	
CITY, STATE	ZIP CODE
CONTACT	PHONE

PICK-UP DATE	<b>TERMS</b> <input type="checkbox"/> PREPAID  <input type="checkbox"/> COLLECT  <input type="checkbox"/> 3RD PARTY
PICK-UP #	

BILL TO	ACCT CODE
STREET	
CITY, STATE	ZIP CODE
CONTACT	PHONE

SHOW AS SHIPPER	
STREET	
CITY, STATE	ZIP CODE

SHOW AS CONSIGNEE	ACCT CODE
STREET	
CITY, STATE	ZIP CODE
PO#	PH #/CONTACT

NO. SHIPPING UNITS	KIND OF PACKAGING	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (SUBJECT TO CORRECTION)	CLASS (SUBJECT TO CORR.)	WEIGHT/LBS (SUBJECT TO CORR.)

SPECIAL INSTRUCTIONS:

AUTHORIZATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_