



the CARRIER of CHOICE

Blind Shipment Form

This Form MUST be filled out “Entirely” by the Shipper
and faxed back to Customer Service at 315-781-2845

Name of Person Filling out Form _____
Phone # _____ Position _____ Date _____
Of Skids _____ Weight _____ Quote # _____

<p><u>Who is the “ACTUAL” Shipper and what is the “ACTUAL” Pick up address?</u></p> <hr/> <hr/> <hr/> <hr/> <hr/>	<p><u>Who do you “WANT” to show as Shipper and pick up address on BOL?</u></p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><u>Who Is the “ACTUAL” CONSIGNEE AND DESTINATION ADDRESS</u></p> <hr/> <hr/> <hr/> <hr/> <hr/>	<p><u>Who Is the PARTY RESPONSIBLE FOR FREIGHT CHARGES</u></p> <hr/> <hr/> <hr/> <hr/> <hr/>

Any additional information needed for this shipment?

***** Please note that there is a \$35.00 charge added for Blind Shipment Movements *****

Furthermore, please note that this form is NOT to be used as a Bill of Lading and is subject to all rules listed in HWEF 100.

AUTHORIZING SIGNATURE: _____