



BLIND SHIPMENT INFORMATION

DATE: _____

Please complete information, sign, and fax to Customer Service with a copy of the Bill of Lading to (424) 233-3143. **A \$48.00 FEE WILL BE INCLUDED ON YOUR INVOICE FOR THIS SERVICE.**

FROM: _____
(Company Name)

CONTACT NAME & PHONE NUMBER: _____

PIECES: _____ WEIGHT: _____ READY TIME: _____ CLOSING TIME: _____

PICK UP FROM: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

SHIP TO: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

SHOW SHIPPER AS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

PARTY RESPONSIBLE FOR FREIGHT CHARGES:

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

AUTHORIZING SIGNATURE: _____

A \$48.00 FEE WILL BE INCLUDED ON YOUR INVOICE FOR THIS SERVICE. LABELING FEES MAY APPLY.