



Blind Bill of Lading

From Shipper : _____

Shipper's Number : _____

ADDRESS: _____

Phone: _____

Received, subject to the classifications and tariffs of the file at the carrier's principal office in effect on the date of issue of the Bill of Lading. The property described below in apparent good order, except as noted, marked, consigned and destined as indicated below, which said carrier agrees to carry to it's usual place of delivery at said destination if on its route.

CONSI GNED TO: _____

ID Number: _____

ADDRESS: _____

Phone: _____

Bill To _____

ID Number: _____

ADDRESS : _____

Phone: _____

Quote Number _____

No Packages	Pkg Type	Description	Class	Weight (lbs)

C O D	Remit C.O.D. To: _____	
	COD AMT \$ _____	COD FEE: _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Authorizing Signature _____

Shipper Signature _____

Driver Signature _____

Date _____

Number of pieces _____

Blind shipment... Please fill out the above showing your name and address as the shipper, the consignee's address, pieces and weight, and any C.O.D. info. Please fill out the following section for pick-up instructions. All information requested must be given or the shipment may not be scheduled for pick-up

Name of company you would like us to pick-up at _____

Pick-up address _____

Phone# _____

Pick-up contact name _____

Ready time _____

Close Time _____

A \$48.00 FEE WILL BE INCLUDED ON YOUR INVOICE FOR THIS SERVICE