



BLIND BILL OF LADING FORM

It is your responsibility to ensure to fill out the information below and email to services@ediexpressinc.com or fax to (424) 270-1691. All blind shipments will be subject to a \$48.00 fee in accordance with the provisions of EDI Express Rules Tariff 100A.

SHOW SHIPPER AS: _____ ID NUMBER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

DELIVER FREIGHT TO: _____ ID NUMBER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

BILL CHARGES TO: _____ ID NUMBER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

Provide the address, company & contact where you would like us to pick-up from

ACTUAL PICKUP ADDRESS: _____
 COMPANY NAME: _____ PHONE: _____
 CONTACT: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

PICKUP TIME (must be a 2 hour window)
 READY TIME: _____ CLOSE TIME: _____

EDI QUOTE NUMBER: _____

SHIPMENT INFORMATION

# OF UNITS	PKG TYPE	DESCRIPTION	CLASS	WEIGHT (LBS)

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above and in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined, as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person in possession of the property under the contract), agrees to carry to its usual place of delivery of said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed here under shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, which are hereby agreed to by the shipper and accepted for himself and his assigns. Also please note EDI does not collect nor will be responsible for any CODs on blind shipments.

This PDF document is best viewed using Adobe Acrobat Reader. Download the latest version at <https://get.adobe.com/reader>

AUTHORIZING SIGNATURE: _____ **SHIPPER SIGNATURE:** _____

DRIVER SIGNATURE: _____ **# OF PIECES:** _____ **DATE:** _____