



## **BLIND SHIPMENT FORM**

Please provide the following information and fax to us along with your bill of lading for final delivery to fax number: 305-716-6870 (*SFC Service Ctrr to insert Fax No. here*)

**PLEASE UNDERSTAND – THIS IS NOT A BILL OF LADING AND SHIPMENT WILL NOT BE PICKED UP UNTIL THE BILL OF LADING FOR FINAL DELIVERY IS RECEIVED VIA FAX AS REQUESTED ABOVE.**

### **OWNER OR OWNER'S AUTHORIZED AGENT\*:**

I \_\_\_\_\_

(Name) (Title)

With \_\_\_\_\_

(Company Name)

\_\_\_\_\_  
(Address) (ST) (ZIP) (City)

\_\_\_\_\_  
(Telephone Number)

### **ACTUAL PICK UP LOCATION:**

Would like for SFC to **Pick up freight at:** \_\_\_\_\_

\_\_\_\_\_  
(Company Name) (Address)

\_\_\_\_\_  
(City) (ST) (ZIP)

\_\_\_\_\_  
(Contact) (Telephone Number)

\_\_\_\_\_  
(Commodity) (weight) (No. skids) (No Ctns) Haz Mat? Y/N

### **SHOW SHIPPER AS:**

Please show shipper as: \_\_\_\_\_

### **DELIVER TO:**

Please deliver to: \_\_\_\_\_

(Company Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (St) (Zip)

### **BILL CHARGES TO:**

Please Bill to: \_\_\_\_\_

(Company Name)

\_\_\_\_\_  
(street address) (Mailing Address)

\_\_\_\_\_  
(City) (st) (Zip)

\*I agree to pay the \$60.00 Blind Shipment charge and any other charges related to the Blind Shipment. SFC's maximum liability will be limited to the value of the cargo