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BLIND SHIPMENT FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR BLIND SHIPMENT AND RETURN TO RATES VIA FAX @ 800-644-7216. SHIPMENTS CONTAINING HAZARDOUS MATERIALS WILL NOT BE ACCEPTED AS A BLIND SHIPMENT.

ACTUAL PICKUP LOCATION: (Company name and complete address)

Phone _____ Contact _____

Pick up date _____ Time it will be ready _____ Close Time _____

Skid count _____ Weight _____ Quote number (if applicable) _____

SHOW SHIPPER AS: (Company name and complete address)

SHOW CONSIGNEE AS: (Company name and complete address)

BILL TO: (Company name and complete address)

Note that all blind shipments are to be prepaid. No collect blind shipments will be accepted.

Can we show the bill to address on the Delivery Receipt? _____

Special Notes _____

Note: There is a \$17.50 charge for each blind shipment handled

Assure Shipping LLC liability is limited to the value of freight charges billed on this shipment.

Your name: _____ Fax _____ Phone _____