

# **BLIND SHIPMENT FORM**

Please provide the following information and send to us along with your bill of lading for final delivery to fax number (309) 794-1693 or e-mail [blindshipments@dohrn.com](mailto:blindshipments@dohrn.com).

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 OR E-MAIL AS REQUESTED ABOVE.

## **ACTUAL PICKUP LOCATION:**

Would like for Dohrn Transfer to **Pick up freight at:**

\_\_\_\_\_  
(Company Name) \_\_\_\_\_ (Address)  
\_\_\_\_\_  
(City) \_\_\_\_\_ (ST) \_\_\_\_\_ (ZIP)  
\_\_\_\_\_  
(Contact) \_\_\_\_\_ (Telephone Number)  
\_\_\_\_\_  
(Commodity) \_\_\_\_\_ (weight) \_\_\_\_\_ (No. Skids) \_\_\_\_\_ (No Crtns) \_\_\_\_\_ (Haz Mat? Y/N)

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## **SHOW SHIPPER AS:**

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

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## **DELIVER TO:**

Please deliver to: \_\_\_\_\_  
(Company Name)

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

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## **BILL CHARGES TO:**

Please bill to: \_\_\_\_\_  
(Company Name)

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

***I agree to pay the \$50.00 blind shipment charge. Dohrn's maximum liability will be limited to the value of the cargo in item 625 DHRN 100 Rules Tariff.***