

BLIND SHIPMENT FORM

Please provide the following information and send to us along with your bill of lading for final delivery to e-mail *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)	(Pickup Date)	
(Contact)	(Telephone Number)			
(Commodity)	(Weight)	(No. Skids)	(No Crtns)	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 \$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.