



*Delivery Services*

# Blind Shipment Form

\$100.00 SERVICE FEE WILL APPLY TO THIS SHIPMENT

Please complete form and the Bill of Lading, email to [dyoung@ddpddl.com](mailto:dyoung@ddpddl.com)

FROM (COMPANY NAME): \_\_\_\_\_

CONTACT & PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ P/U CONF.#: \_\_\_\_\_ PIECES: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

READY TIME: \_\_\_\_\_ CLOSE TIME: \_\_\_\_\_

## PICK UP LOCATION

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

## PARTY RESPONSIBLE FOR FREIGHT CHARGES

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_



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**THE FOLLOWING INFORMATION WILL APPEAR ON THE  
DELIVERY RECEIPT:**

### SHIPPER TO APPEAR

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### CONSIGNEE TO APPEAR

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

### ADDITIONAL INFORMATION

**NOTE: WE ONLY WANT ONE BILL OF LADING, THIS BOL SHOULD BE THE BOL  
THAT YOUR CUSTOMERS WILL SEE AND GET WITH THE DELIVERY.**