

# Blind Shipment Form

## A. DUIE PYLE, INC.

ADP Contact Name: \_\_\_\_\_

**800-523-5020**

DATE: \_\_\_\_\_

ACTUAL FREIGHT PICK-UP LOCATION:		ACCT CODE	PARTY ARRANGING FOR BLIND SHIPMENT:		ACCT CODE
STREET			STREET		
CITY STATE ZIP CODE			CITY STATE ZIP CODE		
CONTACT:		PHONE	CONTACT:		PHONE
Pick-up Date:		<b>Terms</b>  Prepaid  Collect  3rd Party	BILL-TO:		ACCT CODE
Time Ready:			STREET		
Close:			CITY STATE ZIP CODE		
B/L (Shipper) #:			CONTACT:		PHONE
SHOW AS SHIPPER		ACCT CODE	CONSIGNEE		ACCT CODE
STREET			STREET		
CITY STATE ZIP CODE			CITY STATE ZIP CODE		
EXIT:			P.O. #:		
Party Responsible for Blind Shipment Fee: _____					

**FULL VALUE INSURANCE REQUESTED**      INVOICE VALUE: \$ \_\_\_\_\_ ( FOR PREMIUM CALCULATION AND CLAIMS PROCESSING )

NO. SHIPPING UNITS	KIND OF PACKAGING	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (SUBJECT TO CORRECTION)	CLASS (SUBJECT TO CORR.)	WEIGHT / LBS (SUBJECT TO CORR.)

**A. DUIE PYLE CANNOT ACCEPT BLIND HAZARDOUS MATERIALS SHIPMENTS**

Special Instructions: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My authorization above denotes my understanding and authorization of the Administrative Fee associated with ADP performing this service.

Disclaimer: A. Duie Pyle will use our best efforts to protect the identity of the parties to this transaction from disclosure, but we cannot guarantee that the identity of the parties will not be inadvertently revealed through information which may be available on our website or otherwise.

For ADP Office Use Only:		
A. DUIE PYLE PICK-UP NUMBER:	FAXED TO TML:	TRAILER #:
ASSIGNED DRIVER / TERMINAL:	PRO NUMBER:	

**SCAN AS MISCELLANEOUS**