



## BLIND SHIPMENT REQUEST FORM

### PLEASE NOTE

It is **your** responsibility to ensure that the original Bill of Lading, tendered to the Carrier at time of pick up, shows Daylight Transport as the Consignee. In accordance with the terms of the Bill of Lading, the Carrier is responsible for following the shipping instructions set forth on the Bill of Lading. Should the Bill of Lading indicate a Consignee other than Daylight Transport, **you** will be liable for any additional freight charges incurred to reroute the shipment to the requested Destination.

I hereby authorize Daylight Transport to change the Original Bill of Lading to comply with the following instructions. I understand that there will be a **\$42.00** fee assessed in accordance to the provisions of Daylight Rules Tariff 110 Series, for this service.

Signature	Title	Date	Phone#
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**PICK-UP LOCATION:**

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

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

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

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

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

# PIECES: \_\_\_\_\_ # PALLETS/SKIDS: \_\_\_\_\_ TOTAL WEIGHT: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS TO BE SHOWN ON THE DELIVERY RECEIPT**

**SHIPPER TO APPEAR**

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

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

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

\_\_\_\_\_

**CONSIGNEE TO APPEAR**

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

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

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

FREIGHT CHARGES: PREPAID \_\_\_\_\_ COLLECT \_\_\_\_\_ OTHER \_\_\_\_\_

**BILL TO: NAME:** \_\_\_\_\_

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

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

**PLEASE RETURN VIA FAX TO DAYLIGHT TRANSPORT UPON COMPLETION**  
**DAYLIGHT FAX # 310-507-8310                      ATTN:**