

# **Land Air Express**

**OF NEW ENGLAND**

BLIND SHIPMENT FORM  
**\*\*BLIND SHIPMENT FEE APPLIES\*\***

ACTUAL PICK-UP LOCATION (Company name & complete address):

---

---

---

Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Pick-up Date: \_\_\_\_\_ Ready Time: \_\_\_\_\_ Close Time: \_\_\_\_\_

# of Skids: \_\_\_\_\_ Weight: \_\_\_\_\_ Quote Number: \_\_\_\_\_

ADDITIONAL SERVICES (liftgate, residential delivery)\*:  
**\*additional fees apply\***

---

SHOW SHIPPER AS (Company name and complete address):

---

---

---

CONSIGNEE (Company name and complete address):

---

---

---

BILL TO (Company name and complete address)\*:

---

---

---

\*Bill To Account ***will not*** show on delivery receipt\*

Your name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Return fax number: \_\_\_\_\_

Signature: \_\_\_\_\_

ATTN CENTRAL BILLING: ALL blind shipments are to be billed to "CREDIT"