

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"