

# Blind Shipment Form

Please complete form and attach a copy to the bill of lading and email our customer service department at [CSLAX@WTVELLC.com](mailto:CSLAX@WTVELLC.com)

**FROM (COMPANY NAME):** \_\_\_\_\_  
**CONTACT & PHONE NUMBER:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_ **PICK UP CONFORMATION NUMBER:** \_\_\_\_\_  
**PIECES:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **READY TIME:** \_\_\_\_\_ **CLOSING TIME:** \_\_\_\_\_

## PICK UP LOCATION

**COMPANY NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/ STATE/ ZIP:** \_\_\_\_\_  
**CONTACT NAME:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_

## PARTY RESPONSIBLE FOR FREIGHT CHARGES

**COMPANY NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/ STATE/ ZIP:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_

## 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:** \_\_\_\_\_

## ADDITIONAL INFORMATION

**\$42.00 fee for this service.**