

Wrag-Time Vision Express LLC

Blind Shipment Form

Please complete form and attach a copy to the bill of lading and email a copy to our customer service department at 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

\$50.00 fee for this service.