



Blind Shipment Form – Southeastern Freight Lines, Inc.

Date: _____

SEFL Service Center Origin: _____

Email address: _____

Fax: _____

Pro#: _____

BL#: _____

DISCLAIMER: Only requests prior to pickup will be considered for this service. If the request is not made prior to pickup, the request will be handled as a reconsignment and applicable charges will be applied.

Two (2) bill of ladings are required – the physical shipper of the freight should issue an Original Bill of Lading consigned to the named shipper in care of the local origin Southeastern Freight Lines service center (or will be reconsignment). The third party must provide a “Replacement Bill of lading” along with this completed Blind Shipment documentation.

A \$100.00 Blind Shipment fee will be applied for this service, in addition to all other applicable freight & accessorial charges.

**SEFL cannot accept BLIND HAZARDOUS MATERIALS shipments
SEFL DOES NOT process/accept BLIND OR HIDDEN consignee shipments
SEFL cannot accept BLIND OR HIDDEN shipments going to a partner carrier**

Owner or Authorized Contact (authority to control shipment)
*****All fields must be completed*****
 Name: _____ Title: _____
 Telephone: _____ Email: _____
 Fax#: (if available) _____

Physical Shipper and Pickup Address
*****All fields must be completed*****
 Shipper Name: _____
 Address: _____
 City: _____ State: ___ Zipcode: _____

Show Shipper & Consignee AS:
 Must provide a **“REPLACEMENT BILL OF LADING”** with this information.

Bill To Name & Address
*****All fields must be completed*****
 Name: _____ SEFL Account # if known _____
 Address: _____
 City: _____ State: ___ Zipcode: _____

Customer Signature: _____ Date: _____