



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 pick up, the request will be handled as a reconsignment, and applicable charges will be applied.

Two (2) bills of lading 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 \$125.00 Blind Shipment fee will be applied for this service, in addition to all other applicable freight & accessorial charges.

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

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

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

<u>Show Shipper &amp; Consignee AS:</u>
Must provide a <b>“REPLACEMENT BILL OF LADING”</b> with this information.

<u>Bill To Name &amp; Address</u>	
***All fields must be completed***	
Name: _____	SEFL Account # if known _____
Address: _____	
City: _____	State: ___ Zipcode: _____

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_