Blind Shipment Form – Southeastern Freight Lines, Inc.

Date:_____ SEFL Origin Service Center_____

Email Address: _____ 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

Owner or Authorized Contact (authority to control shipment)
*******All fields must be completed*******

Name:_____ Title:_____

Telephone:_____ Email:_____

Physical Shipper and Pickup Address *****All fields must be completed*****

Shipper Name:_____

Address:_____

City:_____ State:_____ Zip Code_____

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 Acct# if known_____

Address_____

City_____ State:_____ Zip Code_____

Customer Signature_____ Date_____