



**Blind Shipment Form
(For Billing Purposes Only)**

Date: _____

SEFL Service Center Location: _____

Fax #: _____

Pro #: _____

Owner or Authorized Contact Name: _____ Title: _____ Telephone: _____ Fax: _____ Email: _____

Physical Shipper and Pickup Address Name: _____ Address: _____ Address: _____ City: _____ State: ____ Zip: _____

Show Shipper As Name: _____ Address: _____ Address: _____ City: _____ State: ____ Zip: _____

Physical Consignee and Delivery Address Name: _____ Address: _____ Address: _____ City: _____ State: ____ Zip: _____

Bill To Name and Address Name: _____ Address: _____ Address: _____ City: _____ State: ____ Zip: _____
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Customer Signature: _____

Date: _____