



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) 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 other applicable freight & accessorial charges.

SEFL cannot accept BLIND HAZARDOUS MATERIALS shipments

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: _____