



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

Date: _____

SEFL Service Center Location: _____

Fax #: _____

Pro #: _____ BL # _____

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: _____

Customer Signature: _____

Date: _____