

BLIND BILL OF LADING
ORIGINAL - NOT NEGOTIABLE



AFTER PRINTING,
PLACE PRO LABEL HERE
SHIPPER RETAINS THIS COPY

Shipper's Bill of Lading No. _____
Consignee's Reference / PO No. _____
Bill of Lading Date _____

BLIND SHIPPER ▼	ACTUAL SHIPPER ▼
Name	Shipper Name
Street Address	Origin Street Address
City State Zip Code	Origin City State Zip Code
CONSIGNEE ▼	SEND FREIGHT BILL TO ▼
Name	Shipper Name
Street Address	Street Address
City State Zip Code	City State Zip Code
Phone Number(s) Attn:	City State Zip Code
Special Instructions	

HDLG UNITS NO./TYPE	PACKAGES NO./TYPE	* HM	Kind of Package, Description or Articles, Special Marks and Exceptions <i>(subject to correction)</i>	WEIGHT/LBS. <i>(Subj. to Correction)</i>	CLASS/RATE REF. <i>(For Info. Only)</i>	CUBE FT. <i>(Optional)</i>
TOTAL HANDLING PIECES:			INDIVIDUAL PIECES:	WEIGHT: (LBS)	CUBE:	(FT³)

Notify if problem en route or delivery (for informational purposes only):

Name _____ Tel No. _____

NOTE (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \$ _____ per _____."

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)(B).

NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. (2)e of NMFC item 360.

SHIPPER _____

AUTHORIZED SIGNATURE (REQUIRED)

BLIND SHIPMENT

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. Every service to be performed hereunder shall be subject to all terms and conditions of the uniform bill of lading set forth in the National Motor Freight Classification. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. See item 780-1 ABF 111 rules for general liability limitations and for additional coverage available at additional expense.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. Additionally, by signature on this bill of lading, Shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation of the shipment requires movement via an air carrier.

TRAILER NUMBER	SHIPPER LOAD & COUNT (SLC)
CARRIER ABF FREIGHT SYSTEM, INC.	
PER _____	DATE _____

Driver signature only acknowledges receipt of freight.