



delivering new solutions

BLIND SHIPMENT FORM

Please provide the following information and fax to us along with your bill of lading for final delivery to fax number: _____ (OD Service Ctr to insert Fax No. here)

PLEASE UNDERSTAND - THIS IS NOT A BILL OF LADING AND SHIPMENT WILL NOT BE PICKED UP UNTIL THE BILL OF LADING FOR FINAL DELIVERY IS RECEIVED VIA FAX AS REQUESTED ABOVE.

OWNER OR OWNER'S AUTHORIZED AGENT:

I _____ (Name) _____ (Title)

With _____ (Company Name)

_____ (Address) _____ (ST) _____ (ZIP) _____ (City)

_____ (Telephone Number)

ACTUAL PICK UP LOCATION:

Would like for Old Dominion to **Pick up freight at:**

_____ (Company Name) _____ (Address)

_____ (City) _____ (ST) _____ (ZIP)

_____ (Contact) _____ (Telephone Number)

_____ (Commodity) _____ (weight) _____ (No. skids) _____ (No Ctns) _____ Haz Mat? Y/N

SHOW SHIPPER AS:

Please show shipper as: _____

DELIVER TO:

Please deliver to: _____ (Company Name)

_____ (Street Address)

_____ (City) _____ (St) _____ (Zip)

BILL CHARGES TO:

Please Bill to: _____ (Company Name)

_____ (street address) _____ (Mailing Address)

_____ (City) _____ (st) _____ (Zip)

I agree to pay the \$55.00 blind shipment charge. ODFL's maximum liability will be limited to the value of the cargo in item 594 of ODFL 100 Rules Tariff.