



HELPING THE WORLD
KEEP PROMISES.

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) (City) (State) (Zip)

(Telephone Number) (Today's Date)

ACTUAL PICK UP LOCATION:

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

(Company Name) (Contact Person) (Telephone Number)

(Address) (City) (State) (Zip)

(Commodity) (Weight) (No. Skids) (No. Ctns) (Haz Mat? (Y/N))

SHOW SHIPPER AS:

(Name of Company You Want Shown as Shipper)

DELIVER TO: _____
(Company Name)

(Address) (City) (State) (Zip)

BILL MOVEMENT CHARGES TO:

(Company Name)

(Mailing Address) (City) (State) (Zip)

*I agree to pay the \$120.00 Blind Shipment Charge (ODFL 100 Rules, Item 821) and any other charges Related to the Blind Shipment ODFL's maximum liability will be limited to the value of the cargo (ODFL 100 Rules, Item 594.)