

DIAMOND LINE DELIVERY SYSTEMS, INC

BLIND SHIPMENT FORM

Please provide the following information and fax to us along with your bill of lading for final delivery to (208) 888-7105

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

SHIPPER OR AUTHORIZED AGENT

Name: _____ Title: _____

Company Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____

ACTUAL PICK UP LOCATION:

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Commodity: _____ Weight: _____ Pieces: _____ Haz Mat (Y?N) _____

SHOW SHIPPER AS: _____

DELIVER TO: _____

ADDRESS: _____

CITY: _____ **ST** _____ **ZIP** _____

BILL CHARGES TO (NAME): _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

I agree to pay the \$24.50 Blind Shipment Charge. DLDS's maximum liability will be limited to the value of the cargo in item 600 of DLDS 100 Rules Tariff.