

BLIND BILL OF LADING FORM

It is your responsibility to ensure to fill out the information below and email to services@ediexpressinc.com or fax to (424) 270-1691. All blind shipments will be subject to a \$80.00 fee in accordance with the provisions of EDI Express Rules Tariff 100A.

| SHOW SHIPP | PER AS: | | ID NUMBER: | | | |
|--|--|---|--|---|--|--|
| ADDRESS: CITY: | | STATE: | ZIP COI | ZIP CODE: | | |
| DELIVER FRE | IGHT TO: | | ID NUN | D NUMBER: | | |
| ADDRESS: CITY: | | STATE: | ZIP COI | DE: | | |
| BILL CHARGE | s to: | | ID NUN | ID NUMBER: | | |
| ADDRESS: CITY: | | STATE: | ZIP COI | ZIP CODE: | | |
| | Provi | de the name and location of the compa | ny you would like us to p | oick up fro | om | |
| ACTUAL PICK | CUP ADDRE | • | | PHONE: | | |
| ADDRESS: CITY: | | STATE: | ZIP COI | ZIP CODE: | | |
| READY TIME: EDI QUOTE N | | CLOSE TIME: | DAMATION | | | |
| # OF UNITS | PKG TYPE | SHIPMENT INFO | | ASS | WEIGHT (LBS) | |
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| apparent good of which said carried agrees to carry to mutually agreed | order, except as er (the word car o its usual place to each carrier id property, tha | cations and lawfully filed tariffs in effect on the d s noted (contents and condition of contents of pa rier being understood throughout this contract a e of delivery of said destination, if on its route, oth of all or any of said property over all or any portion at every service to be performed hereunder shall erein contained, which are hereby agreed to by the | ckages unknown), marked, cons s meaning any person in posses nerwise to deliver to another ca on of said route to destination a be subject to all the conditions | signed, and sision of the partier on the nd as to each not prohibit | destined, as indicated above property under the contract), route to said destination. It is the party at any time interested ed by law, whether printed or | |
| AUTHORIZIN | G SIGNATUF | EE: SHIP | PPER SIGNATURE: | | | |
| DRIVE | R SIGNATUR | RE: | # OF PIECES: | | DATF: | |