



**Letter of Authority for
Blind Shipments**

Actual Location of Pick-up

Name:

Address:

City/ST/Zip

Actual Location of Delivery

Name:

Address:

City/ST/Zip

Shipper on Delivery Receipt Should Read

Name:

Address:

City/ST/Zip

Consignee on Delivery Receipt Should Read

Name:

Address:

City/ST/Zip

Invoice Should be Sent to

Name:

Address:

City/ST/Zip

Customer Code if Know:

Can this bill to be shown on delivery receipt? YES NO

PCS:

WT:

Form Completed By:

Phone:

Fax completed form to 309-755-4623 prior to pick-up.