

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? (Circle One) YES NO

PCS:

WT:

Form Completed By:

Phone:

Email completed instructions to
load.notifications@standardforwarding.com
prior to pick up.