



BLIND SHIPMENT AGREEMENT

Under terms and conditions stated below, FedEx National LTL, hereafter referred to as Carrier, agrees to act as agent for _____, hereafter referred to as Shipper, the legal owner of property in transit. Shipper grants Special Power of Attorney to Carrier to act as its agent to accept and redirect property in transit from:

This information must match the Bill of Lading tendered by the shipper with the freight to the carrier.

**Actual Shipper on Bill of Lading
(Point of Pickup)**

_____ (Company Name)
 _____ (Street Address)
 _____ (City, State, Zip)

Consignee on Bill of Lading

Property described by Standard Short Form Bill of Lading at Point of Pickup shall be consigned to:

 c/o FedEx National LTL
 _____ (Carrier street address)
 _____ (Carrier City, State, Zip)

After receipt of property at Carrier's facility, the Carrier will redirect the property as follows, and create a Bill of Lading as shown. The same pro number is used: (The freight may need to be relabeled to the final consignee.)

<p align="center">Consignee on Freight Bill</p> <p>_____ (Company Name) _____ (Street Address) _____ (City, State, Zip)</p> <p align="center">Bill to on Freight Bill</p> <p>_____ (Company Name) _____ (Mailing Address) _____ (City, State, Zip)</p>	<p align="center">Shipper on Freight Bill</p> <p>_____ (Company Name) _____ (POP Address) _____ (POP City, State, Zip)</p> <p>THIS IS THE INFORMATION THAT THE CONSIGNEE WILL SEE ON THE FREIGHT BILL WHEN IT IS DELIVERED.</p>
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This is a collect shipment moving under a uniform bill of lading. Extra services will be provided when requested or shown on the original bill of lading. Requested extra services for this shipment are: _____
 _____ (Enter Services or Special instructions).

This agreement and Special Power of Attorney will terminate upon receipt of propert by the Final Consignee.

I hereby agree to the terms and conditions shown and request this service as the legal owner.

_____ (Signature)	_____ (Print Name)
_____ (Company Name)	
_____ (Address)	_____ (Telephone Number)
_____ (City, State, Zip)	_____ (Date)