Letter of Authority for Blind Shipments

Date ______________________________

From Fax # ________________________________ To Fax # ________________________________

Please Note:

• The requestor must complete this Letter of Authority and fax it, along with a replacement Bill of Lading, to FedEx Freight before arrangements for a blind shipment will be made.
• A charge as stated in Item 822 of the FXF 100 series rules tariff will apply in addition to the otherwise applicable charges.
• If this form is not received by the carrier prior to pickup, the request will be considered a reconsignment and will be subject to the charges and provisions of Tariff FXF 100, Item 820.
• Requestor must have the legal authority to divert the shipment.

Shipment being picked up from ____________________________ (actual shipper) on _________ (date) for _________ pieces and _________ lbs. is to be diverted as a blind shipment using the information as noted on the included replacement Bill of Lading.

Note: When completing the replacement Bill of Lading, the actual shipping address and delivery address must be listed. List the shipper name and consignee name as you would like them to appear on the delivery receipt and invoice.

Charges for this service and applicable line haul charges must be billed prepaid by the party requesting the service:

Company Name: ________________________________________________________________________________
Address: ______________________________________________________________________________________
City, State, Zip: ________________________________________________________________________________
Special Instructions: ____________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Printed Name: _________________________________________________________________________________
Signature: _____________________________________________________________________________________ Date: ______________________________
Company Name: ________________________________________________________________________________

Carrier Acknowledgement

Name: __________________________________________________________________________________ Date: ______________________________ Time Rec’d: ________________

Effective: 09-16-2009
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