



Shipping Instructions for Customers Requesting a Blind Shipment (Shipment Coordination)

1. It is up to you to instruct the shipping location to fill out a bill of lading per instructions below and give the bill of lading to our driver at time of pickup.
 - Shipper: Shipping location's Name and Address
 - Consignee: The name of the Shipper c/o YRC Freight at the origin terminal address. **(This is necessary to prevent the shipment from moving from the origin terminal with incorrect shipper or consignee information.)**
 - Freight charges must be Prepaid and paid by the Requestor.
2. Please e-mail or fax a coversheet with the completed Blind Shipment Request Form, along with a completed bill of lading to your contact at Customer Service. **This bill of lading should show the ultimate consignee name and address along with shipper name and address to be listed on delivery documents.** Please include the payment terms for the shipment coordination fee (see note 3 below). This fee will be billed to the requestor if no specific billing instructions are given.

Note: We are unable to alter the consignee name or address. True Consignee name and address will show on all YRC Freight shipping documents.

Contact Information:

Email (preferred): Freightpickup@yrcfreight.com

Fax #(alternate): (800)610-6554

3. A **\$134.00** shipment coordination fee will be assessed on each blind shipment.

Note: Additional accessorials, such as re-labeling, will be assessed to the paying party.

YRC Freight will make a diligent effort to honor your request, but is not responsible if the request is not affected.

Shipment Coordination is not available for: Time Critical (In or Out of network), DEGN, Dimensional Freight Quotes, Domestic Ocean, or Mexico.

If you have questions regarding this procedure, please call a Customer Service Specialist at (800)610-6500 for more information.

Thank you for choosing YRC Freight for your transportation needs.



Visit us on the web at my.yrcfreight.com for 24/7 information and assistance.

YRC FREIGHT BLIND SHIPMENT REQUEST FORM (SHCO)

Fax this form along with a completed Bill of Lading (BOL) as outlined in Shipping Instructions on page 1. The information on your completed BOL will be visible on all Shipment Documents.

<p>1. Where is the Pick-Up to be made (Shipped From)</p> <p>Name: _____</p> <p>Addr: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Contact Person: _____</p> <p>Phone: _____ ext _____</p> <p>Ready Time: _____ Close Time: _____</p>	<p>2. On shipment documents show Shipper as:</p> <p>Name: _____</p> <p>Addr: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p>
<p>3. Consignee Name and Address for Delivery: <i>(True Name & Address must be listed.)</i></p> <p>Name: _____</p> <p>Addr: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p>	<p>4. Invoicee: 3rd Party must have an account in good standing with YRC Freight & <u>must be the party requesting the blind shipment.</u></p> <p>Name: _____</p> <p>Addr: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>***FREIGHT TERMS ARE ALWAYS PPD: PPD</p>
<p>5. Please provide the following information about what is being shipped:</p> <p>Handling Units : _____ WT: _____ Description: _____</p> <p>NMFC#: _____ Class: _____</p> <p>Dimensions: Length: FT __ IN __ Width: FT __ IN __ Height: FT __ IN __</p> <p>Handling Units : _____ WT: _____ Description: _____</p> <p>NMFC#: _____ Class: _____</p> <p>Dimensions: Length: FT __ IN __ Width: FT __ IN __ Height: FT __ IN __</p> <p>Handling Units : _____ WT: _____ Description: _____</p> <p>NMFC#: _____ Class: _____</p>	

Dimensions: Length: FT __ IN __ Width: FT __ IN __ Height: FT __ IN __ If you are shipping <i>Hazardous Material</i> – Your Bill of Lading <u>must</u> be completed according to Government standards with proper description & 24 hour emergency response number.	
6. Quote # if applicable: _____ Quote must be shown on Bill of Lading.	7. Special Instructions: _____ _____ _____ _____
8. Your Name & Phone #:	

Thank you for shipping with YRC Freight.