



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 New Penn 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 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 New Penn shipping documents.

Contact Information:

Email (preferred): pickups@newpenn.com for their email for forwarding your documents.

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.

New Penn 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).

If you have questions regarding this procedure, please call a Customer Service Specialist at (800)285-5000 for more information.

Thank you for choosing New Penn for your transportation needs.



Visit us on the web at newpenn.com for additional information.

NEW PENN 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 New Penn & <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 <u>PPD</u>: 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 New Penn.